



Serving Lee County Since 1947

FREEDOM OF INFORMATION ACT REQUEST FORM

All record requests shall be directed to the Record Request Officer: **Cathy Ferguson-Allen** (address and fax number below; email: cferguson@lchd.com).

The record request form must be filled out completely, dated and signed by the individual making the request. A \$ 0.15 per page fee will be assessed for copies of those documents not provided free of charge (first 50 pages are free). A response to a record request will be sent to the requestor within five (5) working days from receipt. If your request is denied, you may file an appeal. 5 ILCS 140/9.5(a).

REQUEST
Please print

Requestor's Name:

Address:

City, State, Zip:

Phone:

Record Requested:
(Please be specific)

Requesting copies of documents.

Requesting visual inspection of documents.

I hereby affirm that the information provided is correct to the best of my knowledge.

Signature of Requestor

Date

FOR OFFICE USE ONLY

Request received by _____ on _____.

Response due by _____ (five working days after date received).

Response provided via _____ by _____ (Date)

Signature of Record Request Officer (RRO) or Designee

Signature of Health Officer (if different than RRO)

309 South Galena Ave. • Suite 100
Dixon, Illinois 61021

www.LCHD.com

Phone: (815) 284-3371
Fax: (815) 288-1811