

**LASALLE COUNTY HEALTH DEPARTMENT
 FREEDOM OF INFORMATION 
REQUESTS FOR RECORDS**

On the _____ day of _____ 20 ____, at the hour of _____ .M., the following individual(s) appeared in person at the Administration Office and asked to inspect the following records:

Individual(s): Name _____
 Address: _____
 Phone: _____

Records Sought: _____

The above records were presented to such individual(s) for inspection at _____ .M., on the _____ day of _____ 20 ____, except for: _____
 _____.

The reason(s) for not providing the above records (or portions of records) was: _____
 _____.

Of the records requested, copies of the below records were provided to the individual(s) making the request:

Signature of Employee: _____

Title of Employee: _____

Email Completed Form to: hdfoia@lasallecountyil.gov

Fee _____ Copies x 10¢/copy = _____

_____ Certified Copies x 10¢/copy = _____