DeKalb County Health Department
Prevent • Protect • Promote

Lisa Gonzalez, MPH
Public Health Administrator

FREEDOM OF INFORMATION ACT (FOIA)
RECORD / INFORMATION REQUEST

FOIA OFFICER: Lisa Gonzalez, Public Health Administrator

All record requests shall be directed to the FOIA Officer at the DeKalb County Health Department, 2550 N. Annie Glidden Road, DeKalb, Illinois 60115. The Record / Information Request form must be completed in its entirety, dated and signed by the individual making the request. There shall be no charge for the first 50 pages of standard black and white copies. Additional pages shall be 15 cents each. A response to a FOIA Record / Information Request will be made within five (5) business days.

PLEASE PRINT

Name of Person Requesting Records _____ Daytime Phone Number _____ Cell Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

E-Mail Address _____ Fax Number _____

Records / Information Being Requested *(please be as specific as possible)*	Purpose

Once the information is ready, how do you wish to receive it?

☐ Standard Mail ☐ Will Pick-Up ☐ E-Mail ☐ Fax

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

Signature of Person Requesting Information _____ Date of Request _____

FOR OFFICE USE ONLY

Received By: _____ on _____
FOIA Officer Date

Date Response Due: _____

Date Response Sent/Picked-Up: _____ via _____

Signature of Person Completing Information Request _____ Date _____