

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

2500 N. Annie Glidden Rd., Suite B, DeKalb, IL 60115 Phone: 815.899.7080 Fax: 815.899.6708

How to submit a Freedom of Information Request

The DeKalb County Community Mental Health Board (CMHB) plans, evaluates, coordinates, and funds mental health services in DeKalb County. Areas of services include mental disorders, alcohol or drug dependence and developmental disabilities. The CMHB has a yearly budget of \$2.2 million tax dollars for the above purpose. The office consists of two employees, an Executive Director and an Administrative Assistant.

To receive information from the CMHB, the request must come in writing and a form is provided on the following page for your use. Submit the request to:

Kathy Ostdick
DeKalb County Community Mental Health Board
2500 N. Annie Glidden Rd., Suite B
DeKalb, IL 60115

For questions, please call Kathy Ostdick at the office at 815-899-7080.

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**Illinois Freedom of Information Act
Public Records Request Form**

Date of request: _____

DeKalb County Community Mental Health Board
2500 N. Annie Glidden Rd., Suite B
DeKalb, IL 60115
Phone: 815.899.7080 Fax: 815.899.6708

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.

A. I request that a copy of _____ the following documents or _____ documents containing the following information be provided to me (please be as specific as possible):

B. I would like to:

_____ Inspect these records in person.

_____ Obtain copies of these records and in what format _____. *(The first 50 black and white pages are free and there maybe charges for additional pages and/or medium. Please note below if you wish to know the cost before the request is assembled)*

C. Is this request for commercial purposes? _____

D. Do you wish to approve the cost before the request is completed? _____

E. Please provide the following information *(in the event we have questions concerning your request)*:

Name: _____

Address: _____
Street City State Zip Code

Telephone and e-mail (optional): _____

F. Once this information is ready, how and where would you like to receive it? _____

G. To be completed by the DeKalb County Community Mental Health Board Freedom of Information Officer

Person receiving request _____

Date request received _____ Date request due _____

Charges for requested information: \$ _____