

LaSalle County Human Resources



Freedom of Information Act Request form

Date: _____

First Name: _____ Last Name: _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone:

Fax Number:

Personal Email Address:

Please describe which records you are looking to receive:

*****FOR OFFICE USE ONLY:

Prepared by:

Date Response is Due: _____ Date Response Given: _____

Response (If Denied, State Reason):
