

**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: [hfoia@lasallecountyil.gov](mailto:hfoia@lasallecountyil.gov)

Fee \_\_\_\_\_ Copies x 10¢/copy = \_\_\_\_\_

\_\_\_\_\_ Certified Copies x 10¢/copy = \_\_\_\_\_