

# Livingston County Public Health Department

310 E. Torraine Ave., P.O. Box 886 ♦ Pontiac, IL 61764 ♦ Ph. 815/844-7174 ♦ TDD 1/800/526-0844 ♦ FAX 815/842-2408

MaLinda Hillman, R.N., BSN  
Administrator

## FREEDOM OF INFORMATION REQUEST

Requestor's

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Records sought (be specific):

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\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

(For agency use only)

Date Request Received \_\_\_\_\_  Mail  Phone  In Person

Date Response Must Be Made By: \_\_\_\_\_

Agency \_\_\_\_\_ Livingston County Public Health Department

Address \_\_\_\_\_ 310 E. Torraine Ave., P.O. Box 650, Pontiac, IL 61764 Telephone \_\_\_\_\_ (815) 844-7174

Name and title of person receiving request:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Response:**

Records Found \_\_\_\_\_

Records Not Found \_\_\_\_\_

Date Mailed \_\_\_\_\_

Date Faxed \_\_\_\_\_

Status/Records Furnished: \_\_\_\_\_

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Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_