

# Livingston County Public Health Department



**Public Health**  
Prevent. Promote. Protect.

310 E. Torrance Ave., Pontiac, IL 61764  
Ph. 815-844-7174 \* TDD 1-800-526-0844 \* FAX 815-844-7468 \* www.lchd.us

## FREEDOM OF INFORMATION REQUEST

Requestor's

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

Records sought (be specific)- Property requests should include 911 address if known and Property Identification Number.

Is this request for Commercial Purpose? Yes  or No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5/140.3.1 (c)).

Are you requesting a fee waiver? Yes  or No

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose and whether the request is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public. 5ILCS 1 40/6 (c)).

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

(For agency use only)

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

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

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

Address \_\_\_\_\_ 310 E. Torrance 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:

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