

Public Health Administrator
Whiteside County Health Department

MAIN OFFICE : 18929 LINCOLN ROAD
MORRISON, IL 61270-9500
PHONE: 815/772-7411
FAX : 815/772-4723

ROCK FALL CLINIC: 1300 W. 2ND STREET
ROCK FALLS, IL 61071-1005
PHONE: 815/626-2230
FAX :815/626-2231
TOLL FREE 866/230-2230

Animal Control: 1701 Industrial Park Road
Rock Falls, IL 61071-3144
Phone: 815/625-3507
FAX: 815/625-7559



THE COUNTY OF WHITESIDE, ILLINOIS
FREEDOM OF INFORMATION ACT REQUEST FORM

DATE: _____

(Requests will be answered within 5 business days; 21 business days for commercial requests.)

REQUESTOR:

Name: _____

Address: _____

Telephone #: _____

INFORMATION REQUESTED (Please be as specific as possible):

Will the information requested be used for a commercial purpose(Y/N): _____

I desire to _____ inspect / _____ receive a copy / _____ receive a certified copy.

If copies are to be sent, please indicate where the information should be sent:

... if by e-mail to: _____

... if by fax to: _____

... if by mail to: _____

Copying Charge: 1st 50 pgs - no charge; \$0.15/pg B&W, \$0.25/pg Color thereafter; Digital Media - Actual cost;\$1 per record for certification.

Whiteside County Health Department is not obligated to prepare any public record which was not maintained or prepared at the time of the request.

Response to Request

_____ request complied with by _____

_____ request denied because _____

(You have the right to appeal under section 11 of 5 ILCS 140(Freedom of Information Act))

_____ additional time to review request needed because _____

_____ answer will be provided by _____

Public Health Administrator