

Public Health Administrator  
Whiteside County Health Department

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