Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request

OFFICE OF

KATIE LYNN

HEALTH DEPARTMENT ADMINISTRATOR

FULTON COUNTY

700 EAST OAK ST.-CANTON, ILLINOIS 61520

klynn@fultonco.org

Send To: Freedom of Information Officer
Fulton County Health Department
Attn: Katie Lynn
700 East Oak St.
Canton, IL 61520
Phone: 309-647-1134

From: _____ (Name)

_____ (address)

_____

_____ (telephone)

_____ (e-mail)

_____ (signature)

Descriptions of Requested Record(s):

_____

_____

_____

_____

_____

Do you want copies of the documents? YES or NO
Do you want Electronic Copies or Paper Copies? _____
If you want Electronic Copies, in what format? _____
Is this request for a 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.* 5ILCS 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 of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public.
5 ILCS 14/6(c)).

Fees-regular letter size copies-first 50 pages are free; page 51 and above are $.15 cents per page. All other copy fees are determined by the office from which the request is submitted.