

How to File a Freedom of Information Act Request with the Henry County Health Department

The following are instructions on how to file a Freedom of Information Act (FOIA) request with the Henry County Health Department:

1. Please make your request for records in writing. The Henry County Health Department does not require the completion of a standard form for this purpose. You may submit your written request by mail, fax or e-mail. **Please direct your request to:**

**FOIA Officer – Naomi Stahl
Office of Human Resources
Henry County Health Department
4424 US HWY 34
Kewanee, IL 61443
Fax: (309) 852-0595
E-mail: FOIA_Request@henrystarkhealth.com**

2. Please be **as specific as possible** when describing the records you are seeking. Remember, the Freedom of Information Act is designed to allow you to inspect or receive copies of records. It is not designed to require a public body to answer questions. To the extent that you wish to ask questions of a representative of the Henry County Health Department, you may call our Kewanee Office at (309) 852-0197, or our Colona Office at (309) 792-4011 to be directed to the proper person.
3. Please tell us whether you would like copies of the requested records, or whether you wish to examine the records in person. You have the right to either option.
4. There is no fee for up to 50 pages of standard paper copies. For pages beyond 50, there is a 15 cent per-page charge.
5. You are permitted to ask for a waiver of copying fees. To do so, please include the following statement (or a similar statement) in your written FOIA request: "I request a waiver of all fees associated with this request." In addition, you must include a specific explanation as to why your request for information is in the public interest—not simply your personal interest—and merits a fee waiver.
6. Please include your name, preferred telephone number(s), mailing address, and, if you wish, your electronic mail address.

**Freedom of Information Act Request to the
Henry County Health Department**

*****Note to Requester: This form is designed to provide you with helpful guidance on how to submit a FOIA request to the Henry County Health Department. You do not need to use this form. You may submit a FOIA request in any written format that you choose. You should retain a copy of your FOIA request for your files.*****

Request Submitted to: FOIA Officer – Naomi Stahl
 Office of Human Resources
 Henry County Health Department
 4424 US HWY 34
 Kewanee, Illinois 61443
 Fax: (309) 852-0595
 E-mail: FOIA_Request@henrystarkhealth.com

Date Requested: _____

Request Submitted by: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

Records Requested: *Provide as much specific detail as possible to help identify the information that you are seeking. Additional pages may be attached, if necessary.*

Signature of Requestor _____ Date: _____

Do you want to receive copies of the documents? ___ YES ___ NO

Or do you want to review the documents in the Health Department Office? ___ YES ___ NO

If you would like to receive copies of the documents:

Do you want paper copies or electronic copies? _____ Paper _____ Electronic

If you want electronic copies, please indicate the format in which you would like to receive them: _____

The Henry County Health Department will provide documents in the electronic format requested, if feasible.

Is this request for a commercial purpose? _____ YES _____ 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 it is requested to do so by the public body. 5 ILCS 140.3.1(c).

Are you requesting a fee waiver? _____ YES _____ NO

If you are requesting a waiver of 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 140/6(c).



(For Health Department use only)

Date request received _____ E-mail _____ U.S. Mail _____ Fax _____ In Person _____

Agency _____

Address _____

Name and Title of person receiving request:

Name Title

Response:

Records Found _____ Records Not Found _____ Date Mailed/Faxed/Emailed _____

Status: _____

Signature _____ Date _____