



Sangamon County Department of Public Health

REQUEST PURSUANT TO FREEDOM OF INFORMATION ACT

Note to our Requester:

Our ability to complete your request is dependent on our ability to communicate with you. Please write legibly and include all contact information. Provide as much specific detail about your request as possible. Attach additional pages if necessary.

Date of Request: _____

Request Submitted By: Email Mail Fax In Person Phone

Name of Requestor: _____

Address: _____
Street Address City State Zip Code

Phone: _____ Fax: _____

Email: _____

Records Requested: (Be specific)

Do you want Electronic or Paper Copies?

- First 50 of black and white copies will be produced free of charge, each page thereafter will be 15 cents per page. All color copies will be 45 cents per page.

Is this request for a Commercial Purpose? Yes No

Request Received By: _____ Date: _____

Sangamon County Department of Public Health Employee

**Please fax FOIA request to: 217-535-3104 or
email: Carol.Graham@sangamonil.gov**

www.scdph.org

Main Campus: 2833 South Grand Avenue East | Springfield, IL 62703-2175 | (217) 535-3100

Animal Control & Adoption Center: 2100 Shale Street | Springfield, IL 62703-5634 | (217) 535-3065