

## Macon County Health Department

## REQUEST FOR PUBLIC RECORD

Requests must be made in writing. Requests may be submitted by mail, email or personal delivery.

Submit requests to:

Kathy Wade

Phone: (217) 423-6988

FOI Officer

1221 E. Condit Street Decatur, IL 62521

Email: kwade@maconchd.org

## FOIA Request No. \_\_\_\_\_ Received: \_\_\_\_\_ Response Due: \_\_\_\_\_ Extended Response Due Date (if applicable): \_\_\_\_\_ FOI Officer: \_\_\_\_\_

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

## **REQUESTER'S CONTACT INFORMATION**

Last Name	First Name		Middle Initial	Date of Birth
Address	City	State	Zip	Phone No.
Email				
RECORDS REQUESTED				
Identify or describe the record	you are requesting. Be	as specific as po	ssible.	
ADDITIONAL INFORMATION	<u> </u>			
Are you requesting records fo "Commercial purpose" means to	he use of any part of a publi ion or advertisement for sale	ic record or record es or services. For	s, or information derived purposes of this definition	I from public records, in any on, requests made by news
form for sale, resale, or solicitat media and non-profit, scientific, the principal purpose of the rec (ii) for articles of opinion or feat education. IT IS UNLAWFUL T IT IS FOR A COMMERCIAL PU	uest is (i) to access and dis- ures of interest to the public O OBTAIN A PUBLIC REC	seminate information, or (iii) for the pur	on concerning news and cose of academic, scien	current or passing events, tific, or public research of
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ne is necessary, requesters will be notified by the Freedom of Information Act.

Rev: May 2022