FREEDOM OF INFORMATION REQUEST FORM

Name: ___________________________ Date: ___________________________

Address: ___________________________ Phone: (___) _______ Fax: (___) _______

State/Zip: ___________________________ Email: ___________________________

Address of property: _______________________________________________________

(Include Lot # and Subdivision Name if applicable)

Township: _____________; Section: _____________; Range: _____________; Quarter Section: _____________

Please check the type of information you are requesting:

_____ Existing Private Septic System  _______ Food Establishment Inspections

Time Period:

_____ Existing Private Well

From: ___________________ to____________________

_____ Soil boring information

_____ Other: _______________________________________________________________

_____ This request is for commercial purposes (this information must be disclosed upon request)

*Please circle your preferred method of delivery for the information requested above: FAX  EMAIL  MAIL

Signature of requestor: _____________________________________________________

*(THIS INFORMATION WILL BE AVAILABLE WITHIN 5 WORKING DAYS OF YOUR REQUEST UNLESS OTHERWISE NOTED AS BELOW)

Duplication Fee Schedule for copies after 50 pages:

Paper copy from original  15¢ per copy
Certification of Public Records  No Charge

Information below line to be completed by the Freedom of Information Officer:

_____ The above request for above captioned records have been approved. The documents will be made available upon payment of copying costs in the amount of _________________ (if applicable).

_____ A limited search of our accessible records produced the enclosed documentation for the above captioned property.

_____ A limited search of our accessible records revealed no available documentation on the above captioned property.

_____ The Ogle County Health Dept will need an additional 5 days to locate and prepare the requested information.

_____ This request is denied as it places an unreasonable burden upon the Ogle County Health Dept.

Freedom of Information Officer: ___________________________ Date: ___________________________

OGLE COUNTY HEALTH DEPARTMENT
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OREGON, ILLINOIS 61061
815-562-6976
815-732-7458 (FAX)
Email: health@oglecountyil.gov