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

_____Existing Private Well

_____Soil boring information

_____Other:_____

_____Food Establishment Inspections
Time Period:
From: _____to_____

_____***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
907 WEST PINES ROAD
OREGON, ILLINOIS 61061
815-562-6976
815-732-7458 (FAX)
Email: health@oglecountyil.gov