

# FREEDOM OF INFORMATION REQUEST



Date: \_\_\_\_\_

To: Ryan Kerch, FOIA Officer  
**Winnebago County Health Department**  
P.O. Box 4009  
401 Division Street      Fax: (815)720-4203  
Rockford, IL 61110      E-mail: [foia@wchd.org](mailto:foia@wchd.org)  
(Please submit completed form via mail, fax, or e-mail)

LIMIT 1 ADDRESS / PIN PER PAGE

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Circle all relevant categories below:

Wells/Septic

Foods

PIN (if known): \_\_\_\_\_

Housing

Dumping/Spills

I am seeking under the Freedom of Information Act, any information you may have on the above-referenced property regarding the following issue (please be specific): \_\_\_\_\_

I understand that all copies are free unless exceeding 50 pages. Any request exceeding 50 pages are subject to an agency charge of \$0.15 per page.

\_\_\_\_\_  
Printed Name of Requestor

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

Job Title (if applicable): \_\_\_\_\_

Requestor Phone No: \_\_\_\_\_

Please send response to (check one):  Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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