

## **How to File a Freedom of Information Act Request with Southern Seven Health Department**

1. Please make your request for records in writing. Southern Seven Health Department does not require the completion of a standard form for this purpose, but a form is available for your convenience. You may submit your written request by mail, fax, or e-mail. **Please direct your request to:**

**FOIA Officer – Miranda Adams**  
**Southern Seven Health Department**  
**37 Rustic Campus Drive Ullin, IL 62992**  
**Fax: (618) 634-9394**  
**E-mail: [foiaofficer@s7hd.org](mailto:foiaofficer@s7hd.org)**

2. Please be **as specific as possible** when describing the records you are seeking.
3. Please tell us whether you would like copies of the requested records, or whether you wish to examine the records in person. You have the right to either option.
4. There is no fee for up to 50 pages of standard paper copies. For pages beyond 50, there is a .15 cent-per-page charge.
5. You are permitted to ask for a waiver of copying fees. To do so, please request this in your FOIA request as to why your request for information is in the public interest-not simply your personal interest- and merits a fee waiver.
6. Please include your name, preferred telephone number (s), mailing address, and if you wish, your electronic mail address.

## FOIA REQUEST

**\*\*Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.\*\***

Name and Address of Public Body Receiving Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Request Submitted By:    \_\_\_E-mail       \_\_\_U.S. Mail       \_\_\_Fax       \_\_\_In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/County Zip (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_

Fax (Optional): \_\_\_\_\_

Records Requested: *\*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you want copies of the documents? YES or NO**

--Do you want Electronic Copies or Paper Copies? \_\_\_\_\_

--If you want Electronic Copies, in what format? \_\_\_\_\_

**Is this request for a Commercial Purpose? YES or NO**

*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).*

**Are you requesting a fee waiver? YES or NO**

*(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).*

For Office Use Only

Date Received:	Due Date:		Extension Due Date:	
Completed By:	Person:	Mail:	Fax:	Email:
Fee Due:	Date Paid:			