Print Form

A Caring Place

KENDALL COUNTY HEALTH DEPARTMENT

811 W John Street
Yorkville, IL 60560
630.553.9100
Fax 630.553.9506

REQUEST FOR PUBLIC RECORDS

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL ADDRESS: _____

DATE OF REQUEST: _____

In the space below, please describe the public records you are requesting. In order to expedite the search for records, please be as specific as possible.

Do you wish to inspect or receive a copy of the requested records?

Inspect _____ Copy _____ Both _____

Do you wish to receive the requested records in hard copy or electronic form, if available?

Hard Copy _____ Electronic Form, if available _____

Is your request made for a commercial purpose as defined by the Freedom of Information Act (i.e., do you intend to sell the requested records or use the records in advertisement)?

Yes _____ No _____

_____ _____

Signature of Requestor Date

FOR OFFICE USE ONLY

Date and Time of Receipt _____

How Request Was Sent _____

FOIA Officer's Initials _____

Date and Time of Response _____