

# COLES COUNTY HEALTH DEPARTMENT REQUEST FOR PUBLIC RECORDS OFFICIAL REQUEST FORM

## INSTRUCTIONS AND INFORMATION

- a. In Section 1, please describe the public records that you wish to inspect or have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records at the Coles County Health Department where the records are maintained or whether you also request to have the public records copied or certified by checking the appropriate spaces.

- b. By submitting this Request Form, you are agreeing to pay to the Health Department, in advance of receiving copies of any public records, the copying and certification fees set forth in Section 2.

The fees set forth in Section 2 may be waived or reduced by the Freedom of Information Officer or Deputy Freedom of Information Officer on determination and proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a fee waiver or reduction, you must complete and sign the statement set forth in Subsection 2.B.

- c. In Section 3, indicate the purposes for which you are requesting the public records identified in Section 1. You must provide the information in this Section.

- d. The Health Department will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for you to inspect or pick up the copies at the Coles County Health Department where the records are maintained and then only upon advance payment of the actual cost of postage. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section 4.

- e. You must provide the information requested in Section 5.

- f. You must sign the statement set forth in Section 6.

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The Health Department will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five (5) Business Days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor. The Requestor may seek review of a denial by the Public Access Counselor or the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the County of Coles, Coles County Health Department's Rules and Regulations Implementing the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer.

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To: Freedom of Information Officer  
 Coles County Health Department  
 825 Eighteenth Street  
 Charleston, IL 61920

**1. Request for Records**

I request the following public records of the Health Department:

<b>Record Requested</b>	<b><u>Inspect</u></b>	<b><u>Copy</u></b>	<b><u>Certify</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Agreement to Pay Fees**

A. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied or certified at my request:

**PAPER COPIES**

<b>Size</b>	<b>Output</b>	<b>Unit Price</b>
Letter (8.5 x 11)	Black & White	1 <sup>st</sup> 50 pages Free Each page > 50 pages \$0.15
	Color	\$0.22
Legal (8.5 x 14)	Black & White	1 <sup>st</sup> 50 pages Free Each page > 50 pages \$0.15
	Color	\$0.28
Ledger (11 x 17)	Black & White	
	Color	\$0.44
Large Format (map)	Black & White	
	Color	\$1.98

**ELECTRONIC MEDIA**

<b>Output / Medium</b>	<b>Unit Price</b>
CD	\$0.50
DVD	\$0.60

**CERTIFICATION**

\$1.00 per record, plus copy cost

**MAILING**

Cost of postage

I agree that I will pay the actual charges that the Health Department incurs in connection with the copying services, and that the fees stated in item 2.A, above, will not apply, if: (i) the Health Department must use an outside vendor to copy a public record that is not 8 1/2 x 11 1/4 or 8 1/2 x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in item 2.A., above, will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

- B.** I request a waiver of the fees set forth in Subsection A above, and in support of my request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

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**3. Purpose of Request**

Please check Yes or No for each of the following questions:

	<u>YES</u>	<u>NO</u>
A. I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services.	_____	_____
B. I am, or represent, news media or a non-profit, scientific or academic organization	_____	_____
C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.	_____	_____
D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.	_____	_____
E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education.	_____	_____

**Pursuant to Section 3.1 (c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.**

**4. Request for Mail Delivery**

I request that the Health Department mail copies of the requested public records to me at the address set forth in Section 5 below. I hereby agree to pay the actual postage for mailing before the records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Coles County Health Department in which the records are maintained because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I do not request mail delivery of any of the requested public records.

**5. Requestor**

A. Name of Requestor: \_\_\_\_\_

B. Name of person for whom records are being requested ( if not Requestor):

\_\_\_\_\_

C. Address for Responses, Decisions, and Communications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Telephone Numbers of Requestor:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

E. E-mail: \_\_\_\_\_

**6. Signature of Requestor**

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the County of Coles, Coles County Health Department's Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

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

\_\_\_\_\_  
Date