



## FREEDOM OF INFORMATION ACT REQUEST FORM

As a governmental agency, the County of St. Clair is required to comply with Public Act 442 of 1976, the Freedom of Information Act (FOIA). If you are interested in obtaining documents that fall within the requirements of the FOIA, you may submit a FOIA request in writing to the St. Clair County Health Department. **Pursuant to the FOIA, the County of St. Clair is entitled to charge a fee for a public record search, the necessary copying of a public record for inspection, or for providing a copy of a public record when the FOIA request results in an unusually high cost to the County.** You will be contacted by the FOIA Coordinator with any applicable charges prior to the mailing of the FOIA documents. It is understood that, by law, the St. Clair County Health Department has five business days to respond to your request.

**\$1.50 for first copy (per location). 50¢ for each additional copy (per location). Additional charges may also apply.**

Date of Request: \_\_\_\_\_ **YOUR** NAME: \_\_\_\_\_

**YOUR** ADDRESS: (Street, City, State, Zip) \_\_\_\_\_

**YOUR** TELEPHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF REQUESTED INFORMATION: \_\_\_\_\_

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

INFORMATION REQUESTED FOR THE FOLLOWING LOCATION:

STREET ADDRESS: \_\_\_\_\_

TOWNSHIP / MUNICIPALITY: \_\_\_\_\_ SECTION NUMBER: \_\_\_\_\_

Signature: \_\_\_\_\_

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### *FOR HEALTH DEPARTMENT USE ONLY*

Information provided: \_\_\_\_\_

\_\_\_\_\_

Date request received: \_\_\_\_\_ Date information sent / given \_\_\_\_\_

Number of copies: \_\_\_\_\_ Amount due \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

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