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.

Date of Request: ___________________  YOUR NAME: ______________________________________

□ Owner  □ Realtor  □ Other __________________

YOUR ADDRESS: (Street, City, State, Zip) ________________________________________________

YOUR TELEPHONE NUMBER: ___________________,  YOUR FAX Number: ____________________

YOUR e-mail address: ________________________________________________________________

DESCRIPTION OF REQUESTED INFORMATION: ______________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

INFORMATION REQUESTED FOR THE FOLLOWING LOCATION:

STREET ADDRESS: _____________________________________________________________________

TOWNSHIP / MUNICIPALITY: ____________________________________  SECTION NUMBER: ________

Signature: __________________________________________________________________________

FOR HEALTH DEPARTMENT USE ONLY

Information provided: __________________________________________________________________

____________________________________________________________________________________

Date request received: ___________________  Date information sent / given _____________________

Number of copies: ______________  Amount due $ ______________  Receipt # ______________

By: ______________________________________________________________________________  Date: ______________