**CASS COUNTY HEALTH DEPARTMENT**

**REQUEST FOR PUBLIC RECORDS OFFICIAL REQUEST FORM**

**INSTRUCTIONS AND INFORMATION**

a. In Section 1, describe the public records that you wish to inspect or to 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 Health Department where the records are maintained or whether you request to have the public records copied or certified by checking the appropriate boxes.

b. By submitting this Request Form, you are agreeing to pay 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 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 of pick up the copies at the 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. Provide the information requested in Section 5.

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.

**CASS COUNTY HEALTH DEPARTMENT**

**FOIA REQUEST FOR PUBLIC RECORDS**

*\*\*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.*

**1. Request for Records:** *\*Provide as much specific detail as possible so we can identify the information you are seeking.*

I request the following public health records of the Health Department:

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**2. Agreement to pay fees:**

A. Unless I have requeste4d 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Format** | **Output** | **Unit Price** | **Cost** |
| **Paper Copies** |  |  |  |
| Letter (8.5x11) | Black and White | 1st 50 pages free | -0- |
|  |  | Each page >50 pages | $0.15 |
| Legal (8.5x14) | Black and White | 1st 50 pages free | -0- |
|  |  | Each page >50 pages | $0.15 |
| Ledger (11x17) | Black and White | Each | $0.15 |
| Other or Large Format | Black and White | Each | $1.98 |
| **Electronic Media** | |  |  |
| CD | | Each | $0.50 |
| DVD | | Each | $0.60 |
| Certification | $1.00 per record plus copy costs | | |
| Mailing | Cost of Postage | | |

I agree I will pay the actual charges 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 8.5x11 or 8.5x14, 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:

A. I am requesting the public records identified in Section I above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services. **❑YES ❑NO**

B. I am, or represent, news media or a non-profit, scientific or academic organization. **❑YES ❑NO**

C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events. **❑YES ❑NO**

D. The principal purpose of the Request for Public Records is for articles of opinion or features of interest to the public. **❑YES ❑NO**

E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education. **❑YES ❑NO**

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 Health Department in which the records are maintained because:

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

**5. Requester**

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|  |
| Name |
| Street Address City State ZipCode |
| Phone Number Fax Number Email Address |

**Mail or Deliver To:**

**Linda Debergh / Freedom of Information Officer**

**Cass County Health Department**

**331 South Main Street**

**Virginia, IL 62691**