

Grundy County Health Department
Illinois Freedom of Information Act
Request for Information

Name: _____

Affiliation: _____

Address: _____

Phone: _____

Date: _____

Information being requested:

Number of Sheets: _____

Copy cost per sheet: 25 cents / sheet

Total Due: _____

Route:

_____ **Environmental Health Request** **Date:** _____
 • J. Leonard

_____ **Other Request** **Date:** _____
 • D. Duffy
 • K. Smith