



Mercer County Board of Health

FOIA Request

Note to Requester: Retain a copy of this request for your files. If you need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA Request.

Name of Public Body Receiving Request: _____

Address of Public Body Receiving Request:

Request Submitted by: ☐ Email ☐ US Mail ☐ Fax ☐ In Person

Name of Requester: _____

Requester's Street Address:

Telephone (Optional): _____

Email (Optional): _____

Fax (Optional): _____

Records Requested:

Provide as much specific detail as possible so the public body can identify the information you are seeking. You may attach additional pages if necessary.



Mercer County Board of Health

Do you want copies of the documents? ☐ Yes ☐ No

Which format do you prefer? ☐ Electronic Copy ☐ Paper Copies

Is this request for a Commercial Purpose? ☐ Yes ☐ No

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5ILCS 140.3.1.(c).

Are you requesting a fee waiver? ☐ Yes ☐ No

If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public. 5 ILCS 140/6(c).