

How to File a Freedom of Information Act Request with the Crawford County Health Department

1. Please make your request for records in writing. The Crawford County Health Department does not require the completion of a standard form for this purpose. You may submit your written request by mail, fax, or e-mail. Please direct your request to:

Freedom of Information Act Officer
Crawford County Health Department
202 N. Bline Blvd.
Robinson, IL 62454
Fax: 618-544-9398

2. Please be as specific as possible when describing the records you are seeking. Remember, the Freedom of Information Act is designed to allow you to inspect or receive copies of records. It is not designed to require a public body to answer questions. If you wish to ask questions about Crawford County Health Department matters, you may call our office at 618-544-8798 and you will be directed to the proper person.
3. Please tell us whether you would like copies of the requested records, or whether you wish to examine the records in person. You have the right to either option.

4. Fees

Paper Copies

| | | | |
|---------------------|---------------|--------------------------|--------|
| Letter (8.5" x 11") | Black & White | 1 st 50 pages | Free |
| | | Each page >50 pgs. | \$0.15 |
| Legal (8.5" x 14") | Color | | \$0.22 |
| | Black & White | 1 st 50 pages | Free |
| | | Each page >50 pgs. | \$0.15 |
| | Color | | \$0.28 |

Electronic Media

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|-----|--------|
| CD | \$0.50 |
| DVD | \$0.60 |

Mailings

Cost of postage

5. You are permitted to ask for a waiver of copying fees. To do so, please include the following statement (or similar statement) in your written FOIA request: "I request a waiver of all fees associated with this request." In addition, you must include a specific explanation as to why your request for information is in the public interest-not simply your personal interest-and merits a fee waiver.
6. Please include your name, mailing address, preferred telephone number(s), and, if you wish, your e-mail address.