

Champaign-Urbana Public Health District

Illinois Freedom of Information Act

“...it is declared to be the public policy of the State of Illinois that all persons are entitled to full and complete information regarding the affairs of government [...] Such access is necessary to enable the people to fulfill their duties of discussing public issues fully and freely, making informed political judgments and monitoring government to ensure that it is being conducted in the public interest.” (5 ILCS 140/1)

For further information about the State of Illinois Freedom of Information Act, please see the Attorney General’s website at:

http://www.illinoisattorneygeneral.gov/government/foia_illinois.html

Below is a printable copy of the Freedom of Information Act Request Form to request information from the Champaign-Urbana Public Health District.

FREEDOM OF INFORMATION ACT REQUEST FORM



Champaign-Urbana Public Health District
 201 W. Kenyon Road, Champaign, IL 61820
 Phone: (217) 352-7961
 Fax: (217) 531-4336

FOIA Copying Fees	
1-5 pages:	Free
6 th page:	\$1.25
7 th & up:	\$0.25 per page
<small>CUPHD Board Policy effective January 1, 2003</small>	

Date of Request: _____
 Requesting Party/Agency: _____
 Address: _____
 Telephone Number (between 8:00 a.m. and 4:00 p.m.): _____

Information Requested: _____

Request to: _____

Type:	Number of copies:	Remarks:
____ Inspect only	_____	_____
____ Inspect and receive copies	_____	_____
____ Receive copies only	_____	_____
____ Receive certified copies only	_____	_____
____ Inspect and receive certified copies	_____	_____

 Signature

 Staff Receiving Request

FOR OFFICE USE ONLY	
Date Due: _____	Items Delivered to Requestor: _____
Method: <input type="checkbox"/> Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	_____
See Also Request Forms #: _____	_____
See Also Denial Letter #: _____	_____
Staff: _____ Time: _____	_____