

FREEDOM OF INFORMATION REQUEST



Date: _____

To: Ryan Kerch, FOIA Officer
Winnebago County Health Department
P.O. Box 4009
555 N Court Street Fax: (815)720-4203
Rockford, IL 61110 E-mail: foia@wchd.org
(Please submit completed form via mail, fax, or e-mail)

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