

Freedom of Information Act Request Form

**FOIA OFFICER:**

Melissa Storck
*Chief of Human Resources &
Quality Officer*
911 Stacy Burk Drive
Flora, IL 62839

Date: _____

Requestor's Name: _____

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

RECORDS SOUGHT: List records sought below. Please be specific.

Requestor's Signature: _____

Return completed FOIA Request Form to: Melissa Storck, 911 Stacy Burk Drive, Flora, IL 62839 or email to humanresources@claycountyhospital.org.

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: ☐ Date _____

Request denied and reason: ☐ _____

