

FREEDOM OF INFORMATION ACT REQUEST FORM

Knox County Health Department
1361 W. Fremont St.
Galesburg, IL 61401
Phone: (309) 344-2224
Fax: (309) 344-5049

Date of Request: _____

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Telephone Number (between 8:00 a.m. and 4:00 p.m.) _____

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Items Delivered to Requestor:

