

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL LEAD PROGRAM**

Public Information Disclosure Form

Complete this form if you want the Illinois Department of Public Health (Department) to release for public distribution, through freedom of information (FOI) request, Internet listing, etc., your business and/or personal contact information.

Your signature on the line below authorizes this Department to publish your business address and telephone number and/or your personal address and telephone number. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below.

I authorize the Illinois Department of Public Health to include my: (*Check only ONE box*)

- Business address, telephone and fax number
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- I do not wish to be listed on the Illinois Department of Public Health listings

Name _____ ID# _____

Address _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____ County: _____

Company Name (If applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____ County: _____

Printed Name of Applicant

Signature of Applicant

Date

Submit this form to: Illinois Department of Public Health
Environmental Lead Program
525 W. Jefferson St.
Springfield, IL 62761

This form may be faxed to: 217-557-1188