

**Freedom of Information Act Request to the  
City of Marquette Heights**

Date Requested: \_\_\_\_\_

Request Submitted by (circle one):    E-Mail       U.S. Mail       Fax       In Person

Name of Requester: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Telephone (Optional) \_\_\_\_\_       E-Mail (Optional) \_\_\_\_\_

Records Requested: *Provide as much specific detail as possible to help identify the information that you are seeking. Additional pages may be attached, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above records were presented to such individual(s) at \_\_\_\_\_ (A.M) or (P.M) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, except for:

\_\_\_\_\_  
\_\_\_\_\_

The reason(s) for not providing the above records (or portion of records) was:

\_\_\_\_\_

Is this a request for a commercial purpose?        YES        NO  
*It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if it is requested to do so by the public body. 5 ILCS 140.3.1(c).*

Are you requesting a fee waiver?        YES        NO  
*If you are requesting a waiver of any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c).*

Signature of Employee: \_\_\_\_\_ Title of Employee: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_