

City of Marquette Heights

Freedom of Information Act (FOIA) Request Form

This form is provided to assist individuals in submitting a formal request for public records under the Illinois Freedom of Information Act (5 ILCS 140).

Requester Information

Full Name: _____

Organization (if applicable): _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Records Requested

Please describe in detail the public records you are requesting:

Request Format

- I wish to inspect the records
- I wish to receive copies
- Electronic format (if available)

Purpose of Request

- This request is for commercial purposes (must be disclosed under 5 ILCS 140/3.1)
- This request is NOT for commercial purposes

Requester Signature

Signature: _____ Date: _____

For FOIA Officer Use Only

FOIA Officer Response

Date Received: _____

Due Date for Response: _____

Extension Taken: Yes No

If extension taken, new due date: _____

Final Disposition:

- All records provided
- Partial records provided
- No records available
- Request denied

Explanation / Notes:

Acknowledgment of Receipt by Requester

The undersigned acknowledges receipt of the documents or response to this FOIA request.

Signature of Requester: _____

Date: _____

Submit completed forms to:

Email: mhoffice@cityofmhgov.org

Mail: FOIA Officer
City of Marquette Heights
715 Lincoln Road
Marquette Heights, IL 61554