

# City of Marquette Heights

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## 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:

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### 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:

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**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](mailto:mhoffice@cityofmhgov.org)

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