COMPLETED FORMS TO BE RETURNED TO:

City Hall
Anna Leyrer
132 E. Prairie Street
Marengo, IL 60152
815-568-7113 Phone
815-568-7130 Fax

Building Department
Jayson Shull
835 W. Grant Hwy.
Marengo, IL 60152
815-568-2669 Phone
815-568-0569 Fax

Police Department
Sergeant Rodney Riley
142 E. Prairie Street
Marengo, IL 60152
815-568-7231 Phone
815-568-5545 Fax

CITY OF MARENGO
REQUEST FOR PUBLIC RECORDS

1. **Request for Records**

I hereby request the right to inspect, or to obtain copies or certified copies of the following public records of the City: ☐ Inspect ☐ Copied ☐ Certified ☐ Emailed

_____

_____

_____

_____

2. **Purpose of Request**

I am requesting access to the public records identified in Section 1 above for a commercial purpose:
Commercial Use Yes ☐ No ☐

(c-10, "Commercial purpose" means the use of any part of a public record or records, or information derived from public records in any form for sale, resale or solicitation or advertisement for sales or services. For purposes of this definition, requests made by news media and non-profit scientific or academic organizations shall not be considered to be made for a "commercial purpose" when the principal purpose of the request is (i) to access and disseminate information concerning news and current or passing events, (ii) for articles of opinion or features of interest to the public, or (iii) for the purpose of academic, scientific, or public research or education.)

3. **Identification of Requestor**

Requestor Name: _____
Name of person/organization for which records are being requested (if not Requestor): _____

Contact Information for Responses, Decisions, and Communications:

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

EmailAddress: _____

4. **Waiver of Fees**

☐ Yes ☐ No I am requesting a waiver of the fees, as my principal purpose in making the request is for the benefit of the general public through the dissemination of information concerning the health, safety, welfare, or legal rights of the general public. If a waiver is not granted, I understand that I will be responsible for the payment of all fees associated with the request.

5. **Signature of Requestor**

By signing this Request, I acknowledge and represent that I have reviewed and understood the City of Marengo Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

_____ _____
Signature of Requestor Date

CITY OF MARENGO
REQUEST FOR PUBLIC RECORDS
INSTRUCTIONS AND INFORMATION

1. In Section 1, describe in detail the public records that you wish to inspect or to have copied or certified. Use a separate sheet if necessary. Please be very specific about the documents that you are requesting.

   Please indicate whether you wish to inspect the public records at the City Hall or if you wish to have them copied or certified by checking the appropriate space to the right of each record described. By submitting this Request Form, you are agreeing to pay to the City, in advance of receiving copies of any public records, the copying and certification fees set forth below.

   CHARGES:
   First 50 letter/legal pages (black & white copies): Free
   Over 50 letter/legal pages: $0.15 per page
   Color and oversized Copies shall be charged the actual cost of the reproduction
   Certification: $1.00 per document, plus copy costs
   Actual Postage Cost for Mailing
   Traffic Accident Reports: $5.00 each (per the Illinois Vehicle Code Section 5/11-416 Furnishing copies - Fees)
   If request includes reproduction on electronic media, the actual cost of this media

   You further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, you shall pay the actual charges that the City incurs in connection with such copying services.

2. In Section 2, indicate if this request is for a commercial purpose.

3. You must provide the information requested in Section 3.

4. Indicate whether you are requesting a waiver of the fees outlined above. The principal purpose in making the request must be for the benefit of the general public through the dissemination of information concerning the health, safety, welfare, or legal rights of the general public.

5. You must sign the statement set forth in Section 5.

6. The City will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for the Requestor to inspect or pick up the copies at the City Hall and then only upon advance payment of the actual cost of postage. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section 6.

The City will disclose the public records requested on this Request Form within five Business Days after the receipt of this Request (non-commercial requests only), unless the five-day period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. A denial may be appealed to the Public Access Counselor, 500 S. Second St., Springfield, Il 62705. 217-558-0486 within 60 Business Days after the date of the Notice of Denial. All appeals must be in writing. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq*. For more detailed information, please consult the City of Marengo Rules and Regulations for Implementation of the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer.