



City of Marengo

City of Marengo FOIA Request Form
132 E. Prairie Street, Marengo, IL. 60152

Requestor Name: _____
Agency/Company Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Email: _____

Description of requested record(s) sought. Please be as specific as possible. Include as much information as possible to assist with the retrieval of the documents.

Request is made to Inspect and/or Copy

The City of Marengo will respond to or deny a request for public records within 5 days (21 days for commercial requests) of its receipt. Please be sure email address is printed legibly above if requesting a response be sent by email.

I certify that the information herein requested is/ is not for commercial purposes.

Signature of requestor (print): _____ Date: _____

Preferred method of delivery: Mail Email Fax Pick-Up

Return this document upon completion to:

City of Marengo
Attn: Anna Leyrer-FOIA Officer
132 E. Prairie Street
Marengo, IL 60152

FOIA Email: foia@cityofmarengo.com

Fax: 815-568-7130 – Attention Anna Leyrer-FOIA Officer

CITY OF MARENGO OFFICE USE ONLY

Date received: _____ Date due: _____ Date provided: _____

Extension requested: _____ New due date: _____

Requested for commercial purposes Yes No Due date: _____ Date provided: _____

Copying/Certifying fee: \$ _____ Paid: _____ Waived: _____ [] Request approved
[] Request Denied

[] Request partially denied

Signature of Employee _____ Title _____

Notes: _____