

**Marengo Police Department FOIA Request Form**  
142 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.

Name of requestor (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Preferred method of delivery: \_\_\_ Mail \_\_\_ Email \_\_\_ Fax \_\_\_ Pick-Up

Return this document upon completion to:

City of Marengo  
Attn: Police FOIA Officer  
142 E. Prairie Street  
Marengo, IL 60152

**FOIA Email:** [pdfoia@cityofmarengo.com](mailto:pdfoia@cityofmarengo.com)

**Fax:** 815-568-5545

**MARENGO POLICE 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: \_\_\_\_\_

\_\_\_\_\_