

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

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: _____
