



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: aleyrer@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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Due date: _____	Date provided: _____	
Copying/Certifying fee: \$ _____	Paid: _____	Waived: _____	[] Request approved
			[] Request Denied
			[] Request partially denied
Signature of Employee _____	Title _____		

Notes: _____