CITY OF MACOMB

REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

Name of person making request: _______________________________________________________

Address of person making request: ____________________________________________________
_________________________________________________________________________________

Telephone number of person making request: ____________________________________________

Date of request: _______________________

Is request for commercial purposes? Yes_______ No__________
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record
for commercial purposes without disclosing that it is for a commercial purpose)

Are you requesting a fee waiver: Yes_____ No_______ If yes, state reason
___________________________________________________________________________________
___________________________________________________________________________________

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such
records. Also, please state whether such public records are to be certified. If you wish to receive the records in a specific
电子ic format, please describe.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

The City of Macomb will respond to the above request within five (5) working days from the above date unless one or
more of the seven (7) reasons for an extension of time provided for in Section 3 (e) of the Act are invoked by the City.

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Signature of person making request