

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 electronic 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.

\_\_\_\_\_  
Signature of person making request