



FREEDOM OF INFORMATION ACT
REQUEST TO THE CITY OF MACOMB

Request submitted to: Lisa Scalf, FOIA Officer
Office of the City Attorney
232 E. Jackson St.
Macomb, IL 61455
Email: foia@cityofmacomb.com

Note to Requestor: This form is intended to assist in preparing your request for records from the City of Macomb. You are not required to use this form and may submit a FOIA request in any written format that you choose. It is suggested that you retain a copy of your FOIA request for your records.

Date Requested: _____

Name of Requestor: _____

Address of Requestor: _____
Street City, State, Zip

Telephone (Optional): _____ **Email (Optional):** _____

Records Requested: Provide as much specific detail as possible to enable us to identify the information being requested. For public safety records, please include date of birth, date of incident, incident number and any other identifying information to assist in our search. You may attach additional pages if necessary.

Do you want to receive copies of the documents? Yes No
Or, do you want to review the documents in the City Attorney's office? Yes No

Indicate the preferred method for response: Mail Email In Person

Is this request for a commercial purpose? Yes No
It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if it is requested to do so by the public body. 5 ILCS 140.3.1(c).

Are you requesting a fee waiver? Yes No
If you are requesting a waiver of any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c).

OFFICE USE ONLY

Received by: _____ **Date Received:** _____

Request Submitted by: Email US Mail In person Phone **Due Date:** _____