



Marseilles Police Department

202 Riverfront Drive

Marseilles, IL 61341

Phone: 815-795-2131

mpdrecords@cityofmarseilles.com

Request for Information Pursuant to the Freedom of Information Act (5 ILCS 140)

Name: _____

Phone Number: _____

Address: _____

Email (optional): _____

City/State/Zip: _____

Today's Date: _____

Records requested: In the space below, please describe the public records you are requesting. In order to expedite the search for the records, please print and be as specific as possible. The department's FOIA Officers will respond to the request within five (5) business days from the day after the public receives the request.

Is this request for a commercial purpose? ☐ Yes ☐ No

Are you requesting a fee waiver? ☐ Yes ☒ No

Please indicate your choice: ☐ E-mail ☐ Paper

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 requested to do so by the public body. (5 ILCS 140.3.1(c))

The City of Marseilles FOIA Officers will respond within 5 business days from the date of this request unless one or more of the reasons for an extension of time provided for in Section 3 (e) of the FOIA Act are invoked by the city.

Signature of Requestor: _____

FOIA Copy Fees (5 ILCS 140/6) \$0.15 per page after the first 50 pages of black/white paper copies on letter or legal paper; fees for the actual cost of color or abnormal size copies may be charged. If you are requesting that the public body waive 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)). Voluminous electronic record requests range from \$20-\$100 depending on size (5 ILCS 140/6(a-5)).

For Office Use Only:

Date Received: _____ Received by: _____ Date Due: _____

Date Completed: _____ Completed by: _____

Method of Delivery (circle one): E-Mail USPS Fax In Person