

CITY of MARSEILLES
200 Riverfront Dr. Marseilles, IL 61341

REQUEST UNDER FREEDOM OF INFORMATION ACT

I request that a copy of the following documents or documents containing the following information (be as specific as you can in identifying what you are seeking):

(YES) (NO) A part of the record or records, or information requested, in any form, is intended to be used for sale, resale, or solicitation or advertisement for sales or services.

IF YES, is requestor a news media, non-profit, scientific, or academic organization and the principal purpose of the request is (i) to access and disseminate information concerning news and current or passing events, (ii) for articles of opinion or features of interest to the public, or (iii) for the purpose of academic, scientific, or public research or education. (YES) (NO)

I would like to inspect these records in person; a copy of the records. Certified (YES) (NO)

I understand that the Act permits a public body, at times, to charge a reasonable copying fee not to exceed the actual cost of reproduction and not including the costs of any search or review of the records. I am willing to pay for this request up to a maximum of \$ _____. If you estimate the fees will exceed this limit, please inform me first.

I request a waiver of all fees for this request as disclosure of the requested information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest based upon the following further explanation:

Names: _____ Address: _____

(Optional) Telephone/e-mail: _____