

CITY OF MAROA

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**Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Assess Counselor, you will need to submit a copy of your FOIA request. **

Date Requested:

_____ Request

Submitted By: _____ E-mail _____ U.S. Mail _____ Fax _____

In Person _____

Name of Requester: _____

StreetAddress: _____

City/State/County/Zip (required): _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax(Optional) _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary. _____

Do you want copies of the documents? YES or NO- Do you want Electronic Copies or Paper Copies?

_____ I hereby verify that I received on the date so noted those records requested which are available for Inspection under the Illinois Freedom of Information Act:

Signature _____

Is this request for a Commercial Purpose? YES or 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 disclosure that it is for a commercial purpose if requested to do so by the public body. 5 ILCS 140.3.1 (c). Are you requesting a fee waiver? YES or NO (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).