

CITY OF MACOMB
REQUEST FOR COPIES 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: _____

Person or Entity Represented: _____

Public Record Request (be specific): _____

The City of Macomb will respond to the above request within seven (7) 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 (d) of the Act are invoked by the City.

Signature of person making request

Date of request