

CITY OF ALTON

PUBLIC INFORMATION REQUEST

_____ Name	_____ Firm or Company (if applicable)
_____ Address:	_____ Phone:
_____	_____

Description of Public Record(s) Being Requested:	

**The information may or may not be available at the time requested or may not be available for public inspection. Should this occur, the information will be released at the earliest convenience.	
_____ SIGNATURE	_____ DATE

ACKNOWLEDGMENT OF REQUEST	
_____ City Secretary	_____ Date Received
Routed to: _____	
_____ Department Supervisor	_____ Date Received
*Information or status must be provided with in ten days	
Action taken:	

