



FREEDOM OF INFORMATION REQUEST FORM

CITY OF ALTON, ILLINOIS

Freedom of Information Act Officer

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NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

INFORMATION REQUESTED: _____

DATE OF REQUEST: _____

WILL THE REQUESTED INFORMATION BE USED FOR A COMMERCIAL PURPOSE? YES / NO

OFFICE USE ONLY

DATE REQUEST RECEIVED: ____/____/____ FOIA OFFICER INITIALS: _____

DUE DATE FOR RESPONSE: ____/____/____

EXTENSION DUE DATE: ____/____/____ FOIA OFFICER INITIALS: _____

REASON FOR EXTENSION: _____

REFERRED TO: _____

DATE COMPLIED / DENIED: ____/____/____ FOIA OFFICER INITIALS: _____

REASON FOR DENIAL: _____

CHARGES: \$ _____