



City of Granite City

Granite City, Illinois 62040

Michael Parkinson
Mayor

Shari Grim
Treasurer

Jenna DeYong
City Clerk

Request for Public Records

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

1) Are you representing another person, firm, or corporation in making this request? Yes _____
No _____ If so, please give the name and address for that person, firm or corporation.

2) Phone number where you can be reached during business hours: _____

3) State and describe as specifically as possible the information you request

4) Please indicate if you wish to inspect the above records or wish a copy of them:
Inspection _____ Copy _____ Both _____

5) State as specifically and completely as possible the intended use of this information

6) Intended disposition after use: (Destroy, File, Disclosed to named person)

For office use only: Date Received _____ Date Response Due _____ Notations regarding oral communications or other items _____ _____ _____
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