



METRO EAST SANITARY DISTRICT

1800 EDISON AVENUE
P.O. BOX 1366
GRANITE CITY, ILLINOIS 62040-1366

Phone: (618) 452-9400
Fax: (618) 452-4810

Bob Shipley
Executive Director

REQUEST FOR PUBLIC RECORDS

TO: Rosemarie Heath,
Freedom of Information (FOI) Officer
1800 Edison Avenue, P.O. Box 1366
Granite City, IL 62040
Telephone: (618) 452-9400
Fax: (618) 452-4810

FROM: _____
NAME

ADDRESS

TELEPHONE NUMBER FAX NUMBER

1. Are you representing another person, firm or corporation in making this request? Yes _____
No _____ If yes, please provide 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 are requesting.

4. Please indicate below if you prefer to inspect the records at the MESD office, prefer a paper copy of the records or prefer the records in an electronic format.

____ Review in Office ____ Provide with Paper Copy ____ Provide Electronic Files

Please note: There is no fee for the first 50 black and white, letter or legal sized copies. Each additional copy is \$0.15 per sheet. Copies in color or in a size other than letter or legal size, or any costs associated with the transfer of electronic files will be charged at MESD's actual cost for reproducing the records.

5. Do you wish to have copies certified? _____

FOR OFFICE USE ONLY

Date Received _____ Date Response Due _____

Notations regarding oral communications or other items:

