

GENEVA TOWNSHIP
400 WHEELER DRIVE
GENEVA, IL 60134
630-232-3600

FREEDOM OF INFORMATION REQUEST
REQUEST FOR PUBLIC RECORDS

TO: Barbara E. Olson
Township Clerk
Genva Township

FROM: _____

(name)

(address)

(telephone number)

DESCRIPTION OF REQUESTED RECORDS:

Do you want copies of the above listed public records, do you want to only inspect them or do you want both to inspect them and obtain copies?

Inspection Only _____

Copies Only _____

Both _____

If you want copies, do you want the copies certified by the Township Clerk?

Yes _____

No _____

Date: _____

(signature)

FOR TOWNSHIP USE ONLY

Date Request Received _____

Date Respons Due _____

Copies \$.10

First Copy free for resident

Notations regarding oral communications and other information,