



CITY OF GENEVA

REQUEST FOR RECORDS UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT (5 ILCS 140/1 et seq.)

Requestor's Information

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ DATE OF REQUEST: _____

If this is a commercial request, please check here (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose)

Describe in detail the public records you are requesting in the space provided below.

I would like to:

- Inspect the documents (no copies are necessary)
- Pick up copies of the documents
- Receive the documents via e-mail (if available)

FEES: black & white copies: no charge for first 50 copies;
.15 cents per copy thereafter
color copies: .15 cents per copy
(8 1/2 x 11, 8 1/2 x 14, 11 x 17)
add'l fees apply for plat size, cd's, etc.

The City of Geneva will respond to this request within five (5) business days and twenty-one (21) days for commercial requests.

RETURN TO: CITY OF GENEVA
OFFICE OF THE CITY ADMINISTRATOR
22 S. FIRST STREET
GENEVA IL 60134
FAX: 630.232.1494

SIGNATURE OF REQUESTOR

FOR OFFICE USE ONLY: DATE REC'D: _____ REC'D BY: _____

RESPONSE DUE ON : _____

FORWARDED TO: ___ FD ___ PD ___ ASD ___ CD/BD ___ ED ___ PW ___ FIN ___ ADMIN

___ IT ___ HR ___ CAO