Request for public records in accordance with the Freedom of Information Act



City of Berwyn Margaret Paul, City Clerk 6700 W 26th Street • Berwyn IL 60402 Ph: (708) 788-2660 Fax: (708) 788-2675 Berwyn-IL.gov

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mpaul@ci.berwyn.il.us sanderson@ci.berwyn.il.us

FULL NAME	ORGANIZATION	
MAILING ADDRESS	CITY/ZIP	
AREA CODE & PHONE	FAX	
EMAIL		
Be specific: Provide names, addresses, dates and any other information which will	aid in responding to your request.	
☐ I will inspect the documents in the Clerk's Office.		
□ Deliver documents to me via: □ <u>Fax</u> □ <u>Email</u> □ <u>U.S. Mail</u> □ <u>Call me for pick-up</u>		
NOTE : The first 50 black & white, letter or legal size copies are free; a Other sizes or color pages are charged at cost.	dditional pages are \$.15 each.	
Rec'd by/Date DUE DATE:		
□BLDG □WATER □FINANCE □COLLECTOR □FIRE □POLICE □ADMIN □CLERK □IT □PW □LEGAL □OTHER		
	AREA CODE & PHONE EMAIL Be specific: Provide names, addresses, dates and any other information which will Is this request for commercial purposes is age I will inspect the documents in the Clerk's Office. Deliver documents to me via: Fax Email U.S. Mail I request certification of these documents. \$1.00 fee. NOTE: The first 50 black & white, letter or legal size copies are free; and Other sizes or color pages are charged at cost.	