TOWNSHIP OF BERWYN

"A Tradition of Service"



FOIA 18-

REQUEST FOR PUBLIC RECORDS

RETURN ALL REQUESTS TO TOWNSHIP CLERK'S OFFICE: 6700 W. 26TH ST. Berwyn, IL 60402 FAX: 708-788-2675 / E-MAIL: mapul@ci.berwyn.il.us or lguerrier@ci.berwyn.il.us

REQUESTOR'S INFORMATION (PLEASE PRINT CLEARLY)

(Name) First	Last			(Company/Entity (If Applicable))		
Address) Number	Street	City			State	Zip
Phone Number DESCRIPTION OF DO Information to assist our section of the control of the contr	Fax Number OCUMENTS REQUEST search.)		E-Mail e specific name	s/addresses	s/dates or o	ther
						
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Note: Failure to disclose I would like to receive In-person In	e a request for commercial the requested records	al purpose is agains s by: (Please che	t the law & violate the law & violate law &	olators will d Copy by I	be prosecu J.S. Mail (\$	1.00)
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