



TOWNSHIP OF BERWYN
PUBLIC HEALTH DISTRICT



"A TRADITION OF SERVICE"

6600 W. 26th Street • Berwyn, IL 60402
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Email mpaul@ci.berwyn.il.us or sanderson@ci.berwyn.il.us

ELIZABETH A. PECHOUS
Supervisor
President, Board of Health

MARGARET PAUL
Town Clerk/Secretary
DAVID J. AVILA
Assessor/Treasurer

FOIA #19 _____

1 REQUESTOR	FULL NAME	ORGANIZATION
	MAILING ADDRESS	CITY/ZIP
	AREA CODE & PHONE	FAX
	EMAIL	
2 INFORMATION REQUESTED	<i>Be specific: Provide names, addresses, dates and any other information which will aid in responding to your request.</i>	
	<p>Is this request for commercial purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Failure to disclose a request is for commercial purposes is against the law and violators may be prosecuted.</p>	
3 DELIVERY	<input type="checkbox"/> I will inspect the documents in the Clerk's Office. <input type="checkbox"/> Deliver documents to me via: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Call me for pick-up <input type="checkbox"/> I request certification of these documents. \$1.00 fee. <p>NOTE: The first 50 black & white, letter or legal size copies are free; additional pages are \$.15 each. Other sizes or color pages are charged at cost.</p>	

Rec'd by/Date

DUE DATE:

REMARKS

REVIEWED BY

DATE

Approved

Denied