



City of

GENOA

"MOVING FORWARD WITH A PURPOSE"

Date: _____

To: Office of the City Clerk
City of Genoa, Illinois

Re: Request for Public Records

According to the provisions of the Freedom of Information Act of 1984, please provide me with a copy of the following public records: (Please be specific)

I do / do not request a certified copy of the public records.
(circle one)

I understand a fee will be charged for reproducing and certifying public records at the rate of 10¢ per page and \$3.00 for certification.

Please Print:

Name _____

Address _____ Signature of Requester _____

Phone _____

Date: _____

City Clerk

POLICE DEPARTMENT

333 EAST FIRST STREET ♦ GENOA, IL 60135
815/784-6633 ♦ Fax 815/784-2951

MUNICIPAL CENTER

333 EAST FIRST STREET ♦ GENOA, IL 60135
815/784-2327 ♦ Fax 815/784-2988

PUBLIC WORKS

100 MADISON STREET ♦ GENOA, IL 60135
815/784-2271 ♦ Fax 815/784-4271