

**DANIEL J. KORDIK
YORK TOWNSHIP CLERK
1502 S. Meyers Road, Lombard, IL 60148
Telephone (630) 495-0686 Fax (630) 620-2422**

**WRITTEN REQUEST
FOR INSPECTION AND/OR COPIES OF RECORDS**

Date: _____

I hereby request to inspect copy* the following records:

(Use additional sheets if needed – PLEASE PRINT)

* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable. The Township shall charge \$1 for certifying a record.

Is this request for a commercial purpose? Yes No

If yes, what is the purpose of this request? _____

Printed Name of Requester

Signature of Requester

Address

Telephone Number

E-mail

E-mail

DO NOT WRITE IN THIS SPACE

Date Received by Township

Inspection request granted on _____, at _____ am/pm

Copies were mailed/presented on _____

_____ Number of Copies

_____ Copies @ \$.15

_____ Additional Cost

_____ Total Cost Payment Received: _____ By: _____