

Edwardsville Township

Frank Miles, Supervisor

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Edwardsville, Illinois 62025

Phone 618-656-0292
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I am requesting to: Copy Inspect Certified the following public records:

Requested By: Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Information Requested (Please be specific): _____

Will this material be used for commercial purposes? Yes _____ No _____

The charge will be _____ cents per copy (each side). Certification of documents is an additional \$ _____.

A response to your request will be made within five (5) working days of the receipt of this request. Please return with a copy of this request on _____.

Information Received:

Date: _____

By: _____
Print Name

Signature

Number of Photocopies: _____

Total Cost: _____

Photocopying Fees: _____

Paid in Full: _____

Certified Copies: _____

Form of Payment: _____

For Office Use Only

Request Taken: _____

Date: _____ Time: _____

Information Given By: _____

Date: _____ Time: _____

Authorized By: _____