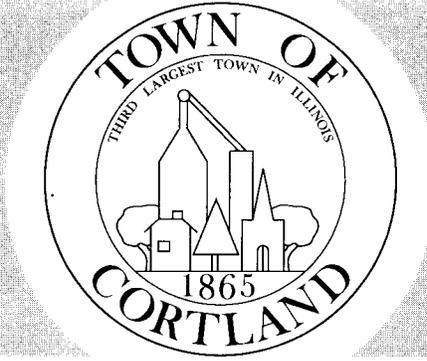


Town of Cortland

1909 Somonauk Rd.
P.O. Box 519
Cortland, IL 60112-0519



Administration 815/756-9041
Town Clerk 756-3030
Police Non-Emergency 756-2558
Operations & Maintenance 756-6469
Facsimile 756-4583

Request for Copies of Public Records

NAME: _____
ADDRESS: _____
PHONE: _____

I, the undersigned, do hereby request to () examine and/or () copy those records maintained by the Town of Cortland which pertain to :

(Please specify department and records sought.)

I have read and understand the fees set forth in the "Schedule of Duplication." I also understand that all fees must be prepaid.

Signature

Date

The Town of Cortland will respond to the above request within seven (7) working days from the date of receipt unless one or more of the seven (7) reasons for an extension of time provided for in Section 3 (d) of the Act are invoked by the Town.

Schedule of Duplication

COPIES.....	25 CENTS PER COPY
CERTIFICATION OF COPIES	\$1 PER COPY
FAX MACHINE.....	50 CENTS PER CALL PLUS 50 CENTS PER PAGE (IN OR OUT)
POLICE REPORT.....	\$5
COMPREHENSIVE PLAN.....	\$10
SUBDIVISION ORDINANCE.....	\$16
ZONING ORDINANCE WITH COLOR MAP.....	\$35
ZONING MAP (18X24") WITHOUT ORDINANCE.....	\$5