REQUEST FOR OPEN PUBLIC RECORDS TOWN OF GENEVA

Full Name:				
			_	
Address: (Street)	(City)	(State)	(Zip Code)	
Record Requested (please be specific)		Request Type (please circle) _ Inspection Only / Duplicati		
(Most records will be provi	ided within ten (10) full	— business days from	the date of request)	
		y property or servic		
	make available to any p I from the records or inf for sale any property or	ormation for the pur	pose of allowing that	
Requestor Signature			Date	
RECORD FEES (To be comple	eted by Record Custod	ian)		
Town of Geneva Resolution #15 access to furnishing copies of pu	•	easonable fees for p	roviding	
Retrieval Time: Duplication: Other: (may include shipp)		age = \$ eopy) = \$		
YOUR COPY OF	F THIS FORM SHALL	SERVE AS YOUR	RECEIPT	
RESULT OF RECORD REQUEST Was the request fulfilled? (please of the second of the providing of the second of the providing of the second of the	e circle): YES/NO	If "YES", the date		
Request not in record		Record does not ex Other (please speci		