OFFICIAL BUSINESS
Village of Glenview
Zoning Affidavit of Service Mail
Signature
4-28-89

89191195

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL TO TRUSTEES OF THE GLENBROOK FIRE PROTECTION DISTRICT OF NOTICE OF CONTEMPLATED ANNEXATION OF CERTAIN UNINCORPORATED TERRITORY

89191195

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)

DIANA SIMMS, being first duly sworn on oath, deposes and says that she served the attached Notices by mailing duplicate originals thereof by certified mail in envelopes addressed to the Trustees of the Glenbrook Fire Protection District as shown on the attached notices by depositing same in the U. S. Post Office in Glenview, Illinois, on April 13, 1989.

Diana Simms
DIANA SIMMS

SUBSCRIBED AND SWORN TO
before me this 13th day
of April, 1989.

NOTARY PUBLIC

"OFFICIAL SEAL"
DOLORES M. MAGNUSSEN
Notary Public, State of Illinois
My Commission Expires Oct. 28, 19

DEPT-01 $11.00
T#1111 TRAN 1056 04/20/89 11:21:00
#6300 # A *-89-191195
COOK COUNTY RECORDER

- BOX 384 -

89191195

19

04-20-401-033

89191195

NOTICE OF PROPOSED ANNEXATION
OF TERRITORY WITHIN GLENBROOK
FIRE PROTECTION DISTRICT
TO THE VILLAGE OF GLENVIEW

TO: Glenbrook Fire Protection
District Trustees
1901 Landwehr Road
Glenview, IL 60025

Leonard Asquini, Sr.
2942 Peachgate Court
Glenview, IL 60025

Sheldon Mazur
3035 Mary Kay Lane
Glenview, IL 60025

Frank Swaydrak
1321 Huber
Glenview, IL 60025

Marjorie Sherman
3700 Capri Court
Apt. 504
Glenview, IL 60025

James Smith
2331 Iroquois
Glenview, IL 60025

being all the Trustees of the Glenbrook Fire Protection District.

You and each of you are hereby notified that the Village of Glenview, Cook County, Illinois, which provides fire protection services, will consider the annexation of the territory described in the attached Exhibit 1, pursuant to the provisions of Article 7, Division 1, and specifically Section 7-1-8, of the Illinois Municipal Code and that the President and Board of Trustees of the Village of Glenview will consider an ordinance to annex said territory on Friday, April 28, 1989 at 7:00 a.m., at the Glenview Village Hall Board Room, 1225 Waukegan Road, Glenview, Illinois.

Respectfully submitted,

Paul T. McCarthy

Paul T. McCarthy
Village Manager

ATTEST:

Rose M. Galente

Deputy Village Clerk

Dated: April 12, 1989

89191195

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EXHIBIT NO. 1

THE EAST 143.80 FEET OF THE WEST 573.80 FEET, EXCEPT THE SOUTH 362.45 FEET THEREOF, OF THAT PART OF LOT 3 LYING IN THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN SUPERIOR COURT PARTITION OF THE SOUTH 3/4 OF THE SOUTHEAST 1/4 AND THE EAST 10 ACRES OF THE SOUTH 76 RODS OF THE SOUTHWEST 1/4 OF SECTION 20, AFORESAID, IN COOK COUNTY, ILLINOIS.

89191195

89191195

AMENDED
AFFIDAVIT OF SERVICE

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)

DIANA SIMMS being first duly sworn on oath, deposes and states that she caused the foregoing notice to be served upon the Trustees of the Glenbrook Fire Protection District by mailing true and correct copies of same by certified mail to said Trustees at the addresses set forth below their names on the Service List attached to the notice by depositing same in the United States Mail, Glenview, Illinois, on the 13th day of April, 1989, postage prepaid.

DIANA SIMMS

SUBSCRIBED AND SWORN TO
before me this 13th day
of April, 1989.

NOTARY PUBLIC

"OFFICIAL SEAL"
DOLORES M. MAGNUSSEN
Notary Public, State of Illinois
My Commission Expires Oct. 28, 1991

89191195

89191195

SERVICE LIST

Glenbrook Fire Protection District Trustees
1901 Landwehr Road
Glenview, IL 60025

CERTIFIED NO. P 917 438 226

Leonard Asquini, Sr.
2943 Peachgate Court
Glenview, IL 60025

CERTIFIED NO. P 917 438 227

Sheldon Mazur
3035 Mary Kay Lane
Glenview, IL 60025

CERTIFIED NO. P 917 438 228

Frank Swaydrak
1321 Huber
Glenview, IL 60025

CERTIFIED NO. P 917 438 229

Marjorie Sherman
3700 Capri Court
Apt. 504
Glenview, IL 60025

CERTIFIED NO. P 917 438 230

James Smith
2331 Iroquois
Glenview, IL 60025

CERTIFIED NO. P 917 438 231

89191195

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P 917 438 227

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to: Leonard Asquini, Sr.	
Street and No: 2943 Peachgate Court	
P.O. State and ZIP Code: Glenview, IL 60025	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: Mr. Leonard Asquini, Sr. 2943 Peachgate Court Glenview, IL 60025	4. Article Number P 917 438 227
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature – Agent X L. Asquini	
7. Date of Delivery 4-15-89	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

89191195

P 917 438 229

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to: Frank Swaydrak	
Street and No: 1321 Huber	
P.O. State and ZIP Code: Glenview, IL 60025	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: Mr. Frank Swaydrak 1321 Huber Glenview, IL 60025	4. Article Number P 917 438 229
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X Frank Swaydrak	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature – Agent X	
7. Date of Delivery 4-15-89	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 917 438 226

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Glenbrook Fire Protection Dist. Trustees	
Street and No 1901 Landwehr Rd.	
P.O., State and ZIP Code Glenview, IL 60025	
Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Glenbrook Fire Protection
District Trustees
1901 Landwehr Road
Glenview, IL 60025

4. Article Number
P 917 438 226

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Address
X Michael Lanky

6. Signature – Agent
X

7. Date of Delivery 4-17-89

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 917 438 230

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Marjorie Sherman	
Street and No 3700 Capri Court, Apt. 504	
P.O., State and ZIP Code Glenview, IL 60025	
Postage	$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fee and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Ms. Marjorie Sherman
3700 Capri Court
Apt. 504
Glenview, IL 60025

4. Article Number
P 917 438 230

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Address
X Marjorie Sherman

6. Signature – Agent
X

7. Date of Delivery 4/15/89

8. Addressee's Address *(ONLY if requested and fee paid)*

89191195

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

89191195

8 9 1 9 1 1 9 5

Village of
GLENVIEW
1225 WAUKEGAN ROAD
GLENVIEW, ILLINOIS 60025

Claim Check No. 118130
☐ Hold
Date 4/15
1ST Notice
2ND Notice
Return

RETURN RECEIPT REQUESTED

REASON CHECKED
Unclaimed — Refused
Addressee unknown
Insufficient address
No such number

CERTIFIED
P 917 438 228
MAIL

P 917 438 228

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Sheldon Mazur	
Street and No. 3035 Mary Kay Lane	
P.O., State and ZIP Code Glenview, IL 60025	
Postage	$ .25
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.00
Postmark or Date	

PS Form 3800, June 1985

2.00

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Sheldon Mazur
3035 Mary Kay Lane
Glenview, IL 60025

DATE
1st NOTICE 4/15/89
2nd NOTICE
RETURN DATE

89191195

P 917 438 231

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to James Smith	
Street and No. 2331 Iroquois	
P.O., State and ZIP Code Glenview, IL 60025	
Postage	$ 1.5
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$2.25
Postmark or Date	

PS Form 3800, June 1985

89191195