

Freedom of Information
Request for Production of Records

To: Executive Director
Mount Prospect Public Library
10 South Emerson Street
Mount Prospect, IL 60056

Date: _____

I hereby request production of the following records: (Describe in detail, using reverse side if necessary, or attach separate sheet.)

Check which of the following apply:

_____ I will inspect these records at the Mount Prospect Public Library.

_____ I request copies of the following records, and agree to pay \$0.20 per page therefore.
(If requesting copies of all records listed above, state "all".)

_____ Please certify the following documents. (I agree to pay \$0.10 per page each document certified, which is in addition to the cost per page.)

I warrant and represent that the records requested will not be used for purposes of furthering any commercial enterprise.

Name: _____

Address: _____

Phone: (work): _____

(home): _____

(cell): _____

Representing: _____
