

**MOUNT PROSPECT PUBLIC LIBRARY
FREEDOM OF INFORMATION
REQUEST FOR PRODUCTION OF RECORDS**

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

Date: _____

I hereby request production of the following records: (Describe 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 per fee schedule.

_____ Please certify the following documents per fee schedule.

The records requested are to be used for commercial purposes: ___ yes ___ no

Name: _____

Address: _____

Phone: (work): _____

(home): _____

(cell): _____

Representing: _____
