

Mount Prospect Public Library
Freedom of Information
Request for Production of Records

To: Su Reynders
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: _____

Revision History

9/30/2020, 7/1/2019, 5/1/2016, 9/1/2015, 12/1/2012, 12/1/2009, 1/1/2009, 12/1/1992