Mount Prospect Public Library Officer's Request for Confidential Library Information Circulation Policy – Appendix A

Officer's Request for Confidential Library Information

Mount Prospect Public Library 10 S. Emerson St. Mount Prospect, IL 60056 847-253-5675

(Library Use Only) Name(s) of Library Staff assist	ing with the information requested:	
Officer's Badge Number	Time Signed	Date Signed
Officer's Printed Name	Officer's Agency/Department	Officer's Signature
		Officer's Acknowledgement I acknowledge receipt from the Library Of the information I requested.
D. The information I req	uest relates to the following (Descriptio	n of information sought):
 I am a sworn law As a result of an e 		• • •
, ,	equest, I represent the following:	,
B. My request for inforn	nation is limited to identifying a "suspec	t. witness, or victim of a crime."
·	contained in the Library's registration and circulation records.	