50 South Emerson Street
Mount Prospect, Illinois 60056
www.mountprospect.org

Phone: 847/392-6000
Fax: 847/392-6022

Village of Mount Prospect

REQUEST FOR PUBLIC RECORDS

FROM:
Name:_____

Address:_____

City/State/Zip:_____

Phone Number: _____

Fax Number: _____

Email: _____

TO:
Freedom of Information Officer
Village of Mount Prospect

 Village Hall, 50 S. Emerson Street
847.818.5355 Fax 847.392.6022
 Police Department
112 E. Northwest Highway
847.870.5655 Fax 847.870.5657
 Fire Department
112 E. Northwest Highway
847.870.5660 Fax 847.818.5240
Mount Prospect, IL 60056

ADDRESS/DESCRIPTION OF REQUESTED RECORD(S): _____

_____

Please indicate if you wish to inspect the records or wish a copy of them:
____Inspection _____Copy: ___ paper; ____ electronic

Charges: Certifying a document: $1.00
Copying: From the copy machine - .15 per page after the first 50 pages for black and white, letter or legal sized
Oversized: actual cost Color copies: actual cost
Do you wish to have copies certified? _____

Is this information to be used for a commercial purpose? yes_____ no _____
Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

This request is being made in accordance with the provisions of the Freedom of Information Act, and the undersigned agrees to abide by the requirements of that Act, and to pay all applicable charges involved with the copying of the documents including postage costs.

_____
SIGNATURE

FOR OFFICE USE ONLY
Date Received _____ Received By: _____ Date Response Due _____
Date Complied: _____ Complied By:_____
Notations: _____
_____