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: ________________________________