



**OFFICER(S) REQUEST FOR CONFIDENTIAL LIBRARY INFORMATION**

1. This is a request under the Illinois Library Records Confidentiality Act, 75 ILCS 70/1 for information contained in the Library's registration and/or circulation records.
2. My request for information is limited to identifying a "suspect, witness, or victim of a crime."
3. As the basis for this request, I represent the following:
  - a. I am a sworn law enforcement officer.
  - b. As a result of an emergency where I believe there is imminent danger of physical harm, it is impractical to secure a Court Order for the identification information.
4. The information I request relates to the following:

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\_\_\_\_\_  
Officer's signature

\_\_\_\_\_  
Officer's Agency/Department

\_\_\_\_\_  
Officer's printed name

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Officer's badge number

\_\_\_\_\_  
Time signed

**OFFICER'S ACKNOWLEDGMENT**

I acknowledge receipt from the Riverside Public Library of the information I requested.

\_\_\_\_\_  
Officer's signature

\_\_\_\_\_  
Date

**Riverside Public Library Staff Follow-up Information**

Name(s) of Library staff assisting with information request:

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Library Attorney contacted: \_\_\_\_\_  
Staff initials, Date & Time - response received

Copy sent to Board of Trustees: \_\_\_\_\_  
Date