



Matteson Area Public Library
801 School Ave.
Matteson, IL 60443

Exhibit A

Officer's Request for Confidential Library Information

1. This is a request under the Illinois Library 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 and
 - 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 event (describe event and information sought).

Officer's Name (print)

Officer's Agency/Department Badge Number

Officer's Signature

Date Signed

Time Signed

5. Officer's Acknowledgment - I acknowledge receipt from the Matteson Area Public Library District of the information I requested.

Officer's Signature _____

6. Name of staff member assisting with the information requested.
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