

**BOARD OF TRUSTEES OF THE DES PLAINES POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

ELECTRONIC ATTENDANCE REQUEST

I hereby request to electronically attend the meeting of the Des Plaines Police Pension Board on _____, 20__ at _____ p.m.

I am eligible to participate electronically because of [check one]:

_____ (1) personal illness or disability
Description of illness or disability: _____

_____ (2) employment purposes
Name of employer: _____

_____ (3) business of the public body
Specify nature of business: _____

_____ (4) a family emergency
Name of family member involved: _____
Relationship to member: _____
Nature of emergency: _____

_____ (5) another emergency
Specify nature of the emergency: _____

During the meeting, I will be at the following location: _____

and reachable at the following phone number: _____

Signature of Trustee

Date

OR

Request received by _____ phone _____ e-mail

Signature of Board President/Board Secretary

Date

DO NOT WRITE BELOW THIS LINE

APPROVED by the Board of Trustees of the Des Plaines Police Pension Fund:

President

Secretary

Date: _____, 200__

FORM 20