VILLAGE OF MIDDLETOWN
PO BOX 25
MIDDLETOWN, IL 62666
Rachel Stapleton - Village Clerk
217-671-2345

FREEDOM OF INFORMATION REQUEST
(PLEASE PRINT)

Name of Requestor: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ **Email**: _____
(Optional)

Records requested: *Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.*

_____

_____

_____

Please check the one that applies:

☐ I wish to inspect the records at the Village Hall.

☐ I am requesting copies and agree to pay the fee for the requested copies.

Signature of Requestor: _____

Date Requested: _____

Note: Retain a copy of this request for your records

WE WILL RESPOND WITHIN (7) WORKING DAYS