

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

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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