

STEVE A. BRYANT
MAYOR
(618) 377-8220
FAX (618) 377-5264
amocomayor@aol.com

TRUSTEES
GERALD BOURLAND
LINDA OLDENDORPH
PERRY WITHERS

The Village of Bethalto

213 North Prairie Street
Bethalto, Illinois 62010



www.bethalto.com

SUE E. LOWRANCE
CLERK
(618) 377-8723
FAX (618) 377-5264
slowrance@bethalto.com

TRUSTEES
DONALD M. FLACK
ROBERT DiPAOLO
JEFF MULL

REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

PERSON OR ENTITY REPRESENTED: _____

PUBLIC RECORD REQUESTED (be specific): If requesting a copy of any of the following, you also need to complete the section of the form at the bottom of the page:
1) Accident Report; 2) Burglary/Theft Report; 3) Criminal Damage to Property/Vehicle Report.

Signature

Date

Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt.

ACCIDENT REPORT:

Name of Driver: _____

Location of Accident: _____

Date of Accident (If you know it): _____

ADDRESS WHERE COPY OF REPORT
IS TO BE MAILED:

THEFT/BURGLAR/CRIMINAL DAMAGE
REPORT:

Name of Victim or Person Who Filed
the Report: _____

Address where theft/burglary/damage
took place: _____

Date when theft/burglary damage was
reported: _____