



## PUBLIC RECORDS REQUEST FORM

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Also, please fill in all information requested. You will be contacted when your request is ready for review or pick up in compliance with Wisconsin State Statute Sec. 19.35(4). If no phone number is provided, response will be left for pick up for a period of 7 days.

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specific Records Requested:

**Please note:** A request for access to a public record may not be refused because the person making the request is unwilling to be identified or state the purpose of the request. (19.35(1)(i) Wis. Stats.) You are being asked to provide the information on a voluntary basis and as a means to facilitate your request. Thank You. **Fees:** photocopies or digital are \$.25 per page. Additional Charges may apply including staff cost, shipping, mailing and retrieval of records per WI Stat. 19.35(3) a prepayment in excess of \$5.00 may be required prior to processing request.

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### **To be completed by Custodian of Record Requested or Deputy.**

Municipal department receiving request: \_\_\_\_\_

Date & Time request received: \_\_\_\_\_

Date & Time action completed: \_\_\_\_\_

Action taken on request: ( ) Approved ( ) Approved in part & denied in part ( ) Denied

Reason for denial: \_\_\_\_\_

Amount of fee: \_\_\_\_\_

Name & Title of Custodian/Deputy acting on request: \_\_\_\_\_