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 to 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.

To be Completed by Custodian of Record Requested or Clerk.

Municipal department, office or work unit 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/Clerk Acting on Request: ____________________________