



# Open Records Request Form

Please fill out this form if you are requesting an inspection or photocopies of public records.

Public records may be requested, inspected, and copies obtained during normal business hours Monday through Friday from 9:00 am to 5:00 p.m. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as is practicable and without delay.

The cost of photocopying of records shall be .25 cents per side of page, which has been calculated to be the actual, necessary, and direct cost of reproduction. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the Records Custodian may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing, and hourly wages of the Records Custodian or designee thereof. Per §19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 may be required prior to processing such open records request.

## REQUESTOR'S INFORMATION *(Please Print)*

Name: \_\_\_\_\_  
*First Name Middle Initial Last Name*

Group: \_\_\_\_\_  
*Company Name or Group Affiliation*

Address: \_\_\_\_\_  
*Route or P.O. Box Number*

\_\_\_\_\_ *Village State Zip Code*

Preferred Contact Phone:  \_\_\_\_\_

Fax:  \_\_\_\_\_

Email:  \_\_\_\_\_

Document to be  Picked Up  Mailed

Document(s) Requested \_\_\_\_\_  
*Attach additional sheet if necessary.*

Reason Requested \_\_\_\_\_

Acknowledgement that Requester Inspected  
or Received A Copy of Document Requested.

\_\_\_\_\_  
*Signature Date*

*Please allow at least 10 days for information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available for your inspection or release. Records will be available for pick up for 7 days from completion contact date.*

*Any information given orally or in writing by Village Officials may be subject to errors or omission and shall not be a binding liability upon the Village of Wausaukee.*

## MUNICIPAL RECORDS USE

### Date Stamp When Received:

Time Received: \_\_\_\_:\_\_\_\_ AM PM

Received By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Time Completed: \_\_\_\_:\_\_\_\_ AM PM

Access to Documents: Approved  
Denied

Records Custodian:

\_\_\_\_\_  
*Signature Date*

No. of Pages: \_\_\_\_\_

Fees Received: \$ \_\_\_\_\_  
*(Attach Paid Invoice or Receipt)*

Remarks/Actions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_