



OPEN RECORDS REQUEST FORM

Pursuant to the Wisconsin Open Records Law, Chapter 19.35, Wis. Statutes, I hereby request the following information currently existing in the records of the Village of North Freedom, Sauk County, Wisconsin.

Date of Request: _____

Requestor's Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

E-Mail Address: _____

Specific Records Requested (*Specify the information you are requesting i.e., specific correspondence, reports, meeting proceedings/other documents, along with the approximate dates of these records*):

*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.*

Preferred Method of Delivery (*place "X" next to option*):

_____ **PAPER COPY** I wish to receive a paper copy of the requested information. I understand that I must pay \$0.25 per printed page (black & white)/\$0.75 per printed page (color) paper copies. I understand that for all other requests, I must pay the actual cost of fulfilling the request as permitted by Wisconsin Statutes. *Charges must be paid in full* before any portion of the information requested is released. Requester is able to make payment in cash or check/money order payable to the Village of North Freedom. Card payments are also accepted *convenience fees apply. Per Wis. Statutes, Chapter 19.35.3, the Village can charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. We do not charge for inspection of data or for separating non-public data from public data.

_____ **PICK UP** I will pick this information up when it becomes available. Please contact me at above-listed contact information when the documents are ready.

_____ **MAIL** Please contact me at the above-listed contact information and inform me of all costs, (e.g. copies, postage, shipping, etc.) and, upon payment, mail the requested information to me at the address listed above.

_____ **ELECTRONIC MAIL** Please e-mail and inform me of all applicable costs and, upon payment, e-mail the requested information to me at the e-mail address listed above.

_____ **FAX** Please call and inform me of all costs and, upon payment, fax the information to me at the fax number listed above.

_____ **NO COPIES / IN-PERSON REVIEW** I do not want copies but wish to inspect the originals of the requested information at no cost. Please contact me at the above-listed contact information to schedule a time when records will be available for viewing.

In making this request, I understand that:

- The Village of North Freedom is under no obligation to create a document that does not already exist.
- The Village of North Freedom is under no obligation to provide items deemed confidential under the Wisconsin Open Records Law, Wis. Stat. 19.35(1)(am)(1).
- Depending on the request, it may take up to ten (10) business days or more for the Village of North Freedom to fulfill this request.
- Any request will be filled on a first-come, first-served basis.

Signature of Requester: _____ Date: _____

FOR OFFICE USE ONLY

To be completed by Custodian of Record:

Department/Office 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 (if any): _____

Name & Title of Custodian acting on request: _____

Signature of Custodian: _____ Date: _____

Village Office

105 N Maple St. • PO Box 300 • North Freedom, WI 53951

Phone: (608) 522-4550 • Fax: (608) 522-4574

Email: clerk_treasurer@vonf.wi.gov

Website: <https://vonf.wi.gov>