TOWN OF EAST TROY

N9330 Stewart School Rd. PO Box 872 East Troy, WI 53120 Non-emergency 262.642.5386 fax 262.642.9701

Open Records Request

REASON FOR DENIAL:

Fill in all information requested. Please be as specific as possible. You will be contacted when your request is ready for pick up in accordance with s.s. 19.35(4). If no phone number is provided, your request will be left for pickup for a period of 7 days. If the requested information is not picked up within 7 days, a new request will be required and you will be charged for both record searches prior to being provided copies of your requests.

In making this request, I understand that I may be charged in accordance with the Town of East Troy fee schedule for the various services requested. DATE OF REQUEST: / / TIME OF REQUEST: : AM / PM DATE/TIME RECEIVED: _____AM / PM PERSON REQUESTING RECORDS: NAME: ______ DOB ___/__/___ ADDRESS: ______ PHONE: (___) ____ CITY/STATE/ZIP _____ EMAIL ADDRESS: RECORDS REQUESTED: **DISPOSITION OF REQUEST** APPROVED: YES / NO MAILED / PICKUP ____/___ # OF PAGES _____

TOTAL CHARGE: \$ _____ EMPLOYEE INITIALS: _____

Open Records Requests

The Open Records Request form may be submitted:

- in person
- by mail: Town of East Troy, PO Box 872, East Troy, WI 53120
- Fax 262-642-9701
- email tetclerk@townofeasttroywi.gov

Please see below for fees.

Fees for Records

\$0.25 per page

\$10.00 DVD/Flash Drive per each

Any report which is estimated to cost over \$5.00 must be prepaid before the records assembly preparation will begin.

ACTUAL COST OF POSTAGE OR \$1.00, WHICHEVER IS GREATER, WILL BE ADDED FOR MAILED REQUESTS IN ADDITION TO THE COST OF THE COPIES PER THE FEE SCHEDULE ABOVE.

IF SEARCH HOURS ARE NEEDED: CURRENT HOURLY RATE OF THE EMPLOYEE DOING THE SEARCH WILL BE ADDED.