

**TOWN OF RHINE**  
**OPEN RECORDS REQUEST**

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Specific Record Requested \_\_\_\_\_

**Following to be filled out by Custodian of Records**

### Request Received Date

By Mail \_\_\_\_\_ Email \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_

Request Approved Yes Filled By

### Reason if

**Denied**

Notice- If your request for records has been denied, you have the right to a review by writ of mandamus under Wisconsin Statute 19.37(1) or upon application to the Attorney General or the District Attorney.