



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 office hours of Monday through Thursday 8:00 a.m. to 4:00 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 is practicable and without delay.

The cost of photocopying of records shall be .25 cents per page. 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, mileage and hourly wages of Records Custodian or designee thereof. Per WI Stat. 19.35(3)(f) a prepayment of such costs associated with an open records request in excess of \$5.00 may be required prior to processing such open records requests.

REQUESTOR'S INFORMATION (Please Print)

Name: _____ Group: _____
First Name MI Last Name Company or Group Affiliation

Address: _____

Preferred Contact - Phone/Fax/Email: _____

Means of Records Transfer (please circle): In Office Fax Mail Email

Document(s) Requested: _____

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 7 days from completion contact date.

Any information given orally or in writing by Village officials may be subject to errors or omissions and shall not be a binding liability upon the Village Sister Bay.

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

Signature

Date

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Municipal Use Only:

Date Request Received: _____

Time Received: _____

Received By: _____

Access to Documents: _____Approved _____Denied

Date & Time Completed: _____

Records Custodian Signature: _____

No. of Pages: _____

Fees Received: _____

Remarks: _____

