

REQUEST FOR ACCESS TO OR COPY OF PUBLIC RECORD

TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OR COPY OF PUBLIC RECORD:

Description of Record(s) to be inspected and/or a copy made. (Include as much information and detail as possible.)

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**PLEASE NOTE:** Under state law, § 19.35 (1)(h), a request for access to a public record "is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the records does not constitute a sufficient request". The cost for usual 8-1/2 x 11 photocopying is 30¢/single page and 50¢/duplex page. Should the costs associated with reproduction of the requested record exceed \$5.00, prepayment of fees is required. The direct cost of locating a record will be charged to a requester when the cost is \$50.00 or more. The cost of locating a record will be calculated on the basis of the compensation paid to the municipal employee locating the record during the time required. When charged, the cost of locating a record should be paid in advance based upon an estimate by the legal custodian. A complete refund will be made when the cost of the search is not \$50.00 or more. When the cost of locating a record exceeds the amount which has been prepaid, the balance of the charge shall be paid prior to providing access to requested record.

NAME OF REQUESTER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

**PLEASE NOTE:** Under state law, § 19.35 (1)(i), 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". You are being asked to provide the information called for on a voluntary basis. Thank you.

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(For Department Use Only; Do Not Write Below This Line)

DATE & TIME REQUEST RECEIVED: \_\_\_\_\_

ACTION TAKEN: ( ) Approved ( ) Approved in part and denied in part ( ) Denied

REASON FOR DENIAL: \_\_\_\_\_

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{this determination is subject to review by mandamus under § 19.37 (1)}

FEES DUE FOR DUPLICATION/POSTAGE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

LEGAL CUSTODIAN ACTING ON REQUEST: \_\_\_\_\_