Ledgeview
Set your sights high

Open Records Request Form

Please fill out this form if you are requesting an inspection or photocopies of public records.

Under the provisions of Sec. 19.35, Wis. Stats., subject to the statutory exceptions, public records may be inspected and copies of those records received during normal business hours of Monday through Friday from 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 soon as is practicable and without delay. Under the provisions of Sec. 19.35, Wis. Stats., there is no authority for records to be transmitted electronically. The requested copies must either be retrieved in person or can be transmitted by mail.

The cost of photocopying of records shall be $.25 per side of page for black and white copies, $.75 per side of page for 8 ½" X 11" color copies, $1.00 per side of page for 8 ½" X 14" color copies and $1.50 per side of page for 11" X 17" color copies. 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 and hourly wages of Records Custodian or designee thereof. Per § 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 request.

REQUESTOR'S INFORMATION *(Please print)*

Name: _____
First Name *Middle Initial* *Last Name*

Group: _____
Company Name or Group Affiliation

Address: _____
Street, Route or P.O. Box Number

_____
City, Village, Town *State* *Zip Code*

Preferred Contact:

☐ Phone: _____

☐ Fax: _____

☐ Email: _____

Document to be ☐ Picked Up ☐ Mailed

Document requested: _____

_____
Attach additional sheet if necessary

MUNICIPAL RECORDS USE

Date Stamp When Received:

Time Received: _____:_____a.m.
_____:_____p.m.

Received By: _____

Date Completed: _____

Time Completed: _____:_____a.m.
_____:_____p.m.

Access to Documents: Approved _____
Denied _____

Records Custodian:

_____
Signature *Date*

No. of Pages _____

Fees Received: $ _____
(Attach paid invoice or receipt)

Remarks/Actions: _____

_____

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

_____ _____
Signature *Date*

Please allow at least ***ten (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 for seven (7) days from completion contact date.*

Any information given orally or in writing by Town officials may be subject to errors or omission and shall not be a binding liability upon the Town of Ledgeview.