



OPEN RECORDS REQUEST

To be used when an open records request is needed

2828 Allouez Avenue Bellevue, WI 54311 (920) 468-5225 FAX (920) 468-4196

Requester's Name: _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail address _____

Specific Records Requested _____

OFFICE USE ONLY: (To be completed by custodian of records)

Date Request Received _____ By: Mail E-mail In-Person Phone

Request Approved: YES NO Filled By: _____

Reason if denied: _____

Copies Requested: YES NO

Report Copy Pages _____ @\$0.25 per page \$ _____

Mailing Cost \$ _____

Search Hours Cost \$ _____

TOTAL COST \$ _____

Amount Paid: _____ Date Paid: _____ Receipt Number: _____