

ASHWAUBENON VILLAGE CLERK'S OFFICE
Open Records Request

Requestor's Name* _____

Address _____

City _____ State _____ Zip _____

Phone _____

***Voluntary** - Requestor is not required to give name or reason for request. If above information is not provided, it is the requestor's responsibility to check back at a future date with Village Clerk's Office on availability of records.

Specific records requested _____

Following to be filled out by Clerk's Office:

Request received: Date _____ Mail _____ In Person _____ Phone _____

Request Approved: Yes _____ No _____ Authority _____

If denied, reason: _____

Copies Requested: Yes _____ No _____

Report Copies _____ @ .25 per copy = _____

Mailing Cost _____ Search hours cost _____

Photo Cost _____

Total Cost _____

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.