

TOWN OF DEKORRA
PO Box 536
POYNETTE, WI 53955
608-635-2014
townofdekorra@gmail.com

OPEN RECORDS REQUEST APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I acknowledge that up to 10 days will still be considered as soon as practicable and without delay for ordinary requests and longer for unusually complex copying or large numbers of records.
Dated this ____ day of _____, ____.

Signature: _____

**Please Note: 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." SS 19.35 (1) (i). You are being asked to provide the information called for on a voluntary basis and to better serve your request. If above information is not provided, it is the requester's responsibility to check back at a future date with the record's custodian on availability of records. Thank you.

DESCRIPTION OF RECORDS (Please be as descriptive as possible. Vague and unclear requests will be denied). _____

*Please Note: Under State law 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 record does not constitute a sufficient request." SS 19.35 (1) (h)
**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.

Following to be completed by Custodian of Records

Date Request Received _____ By: Mail ___ E-Mail ___ in Person ___

Date Completed _____

Action Taken on Request:

Approved **Approved and Denied in Part**** **Denied****

Please attach a copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Copies Requested: Yes No _____ copies @ \$.50 per page \$ _____ total
Search hours cost \$ _____ Mailing cost \$ _____
Fee Paid \$ _____

Town of Dekorra Public Records Fee Schedule:
3.01(d)(1) Photocopies \$.50 per normal page
3.01(d)(2) Photographic processing Direct Cost plus \$45.00 per hour
3.01(d)(3) Other Mediums Direct Cost plus \$45.00 per hour
3.01(d)(4) Mailing or Shipping Direct Cost plus \$45.00 per hour

Signature & Title of Custodian/Legal Custodian Acting on Request