



# Open Records Request

To be used when an open records request is needed.

2828 Allouez Ave., Bellevue, WI 54311 | p. (920) 468-5225

Date: \_\_\_\_\_

## REQUESTOR'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RECORDS REQUEST

*Please list the specific records you are requesting.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE

Date Request was Received: \_\_\_\_\_

By: ☐ Email ☐ Postal Mail ☐ In-Person ☐ Phone

Request Approved?: ☐ Yes ☐ No

Filled By: \_\_\_\_\_

If denied, reason why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copies Requested?: ☐ Yes ☐ No

Report Copy Pages: \_\_\_\_\_

@ \$0.25 per page: \_\_\_\_\_

Mailing Cost: \_\_\_\_\_

Search Hours Cost: \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_