



OPEN RECORDS REQUEST

Public records may be requested, inspected and copies obtained during business hours of Monday through Friday, 9:00 AM to 4:00 PM. 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. Allow at least 10 days for information to be researched.

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. You will be contacted when your request is ready for review or pick up in accordance with s.s. 19.35(4). If the requested information is not picked up within 7 days after you have been notified, a new request will be required, and you will be charged for both searches before being provided copies of your requests.

Any information given orally or in writing by Village Officials may be subject to errors or omission and shall not be a binding liability upon the Village of East Troy.

In making this request, I understand that I will be charged as listed below, for the various services requested. There is no cost to view the reports requested, however a search charge may apply. **Initials of Requester:** _____

CHARGE FOR RECORDS: \$.25 PER PAGE/PER SIDE OF PAGE for convenience copies. Records Requests - Black/white copies - \$.01; Color copies - \$.05; per page; 30-page min. to charge - The Village of East Troy 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 employees. Per s.s.19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 may be required prior to processing such open records request. IF SEARCH HOURS ARE NEEDED, CURRENT HOURLY RATE OF EMPLOYEE TASKED WITH THE SEARCH WILL BE ADDED.

PLEASE CIRCLE: TO BE MAILED; WILL PICK UP (LIST DATE/TIME) _____ ; EMAIL: _____

DATE OF REQUEST: _____ **TIME OF REQUEST:** _____

PHONE: (required for notification) _____

RECORDS REQUESTED:

DATE(S) OF RECORD: _____ **REASON FOR REQUEST (optional)** _____

SPECIFIC DESCRIPTON OF RECORDS REQUESTED _____

PERSON REQUESTING RECORDS: (optional): NAME: _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____ **GROUP:** _____

DISPOSITION OF REQUEST: APPROVED DENIED _____ DATE _____ INITIALS

OF PAGES _____ **TOTAL CHARGE** _____ **SEARCH COMPLETED BY:** _____

MAILED: _____ **DATE** _____ **INITIALS** _____ **PICKED UP BY:** _____

COMMENTS: _____ *Revised 12/2018*