



**Open Records Request Form**

Please fill out this form if you are requesting an inspection or photocopies of public records.

Public records may be requested, inspected and copies obtained during normal office hours of Monday, Tuesday, Thursday 8:00 a.m. to 4:00 p.m., Wednesday 8:00 a.m. to 6:00 p.m., and Friday 8:00 a.m. to 1:00 p.m. 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 is practicable and without delay.

The cost of photocopying of records shall be .15 cents per page. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the Records Custodian may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing, mileage and hourly wages of Records Custodian or designee thereof. Per WI Stat. 19.35(3)(f) a prepayment of such costs associated with an open records request in excess of \$5.00 may be required prior to processing such open records requests.

**REQUESTOR'S INFORMATION (Please Print)**

Name: \_\_\_\_\_ Group: \_\_\_\_\_  
          First Name      MI      Last Name                      Company or Group Affiliation

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

Preferred Contact - Phone/Fax/Email: \_\_\_\_\_

Means of Records Transfer (please circle):    In Office      Fax      Mail      Email

Document(s) Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please allow at least 10 days for information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available for your inspection or release. Records will be available for pick up for 7 days from completion contact date.

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 Eagle.

Acknowledgement that Requester Inspected or Received A Copy of Document Requested.

\_\_\_\_\_  
Signature Date

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**Municipal Use Only:**

Date Request Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Access to Documents: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Date & Time Completed: \_\_\_\_\_

Records Custodian Signature: \_\_\_\_\_

No. of Pages: \_\_\_\_\_ Fees Received: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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