

Request form for access to or copy of public record.

STATE OF WISCONSIN
Town of Lyndon
Sheboygan County

I. TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OR COPY OF
RECORD IN POSSESSION OF THE AUTHORITY OF THE TOWN OF LYNDON,
SHEBOYGAN COUNTY, WISCONSIN

Description of the record(s) to be inspected and/or a copy made:

Please note: A request “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 records does not constitute a sufficient request.” (s. 19.35 (1) (h), Wis. stats.) The request may be made orally, but a request must be in writing before an action to enforce the request is commenced under s. 19.37, Wis. stats.

Date and time requested to inspect record:

Date and time requested for copy of record:

Name of requester:

Mailing address of requester:

City, State, Zip Code

Telephone Number (Optional):

Is the record or part of the record requested a personnel record of a town employee? Yes _____ No _____. If “yes,” what employee?

Please note, a request may not be refused “because the person making the request is unwilling to be identified or to state the purpose of the request. (s. 19.35 (1) (i), Wis. stats.)

Amount of any pre-payment paid to legal custodian (s. 19.35 (3) (f), Wis. stats.):

Copies requested were received:

By: _____, **On** _____ **(date).**

II. TO BE COMPLETED BY CUSTODIAN OR DEPUTY CUSTODIAN OF RECORD.

Municipal department, office, or work unit of any authority receiving :

Date and time request received:

Date and time request completed:

Was the request acted upon within 10 days of the request? Yes _____. No _____.

Action taken on request:

Approved

Approved in part and
denied in part

Denied

If the requested record was a personnel record, was the town employee notified of the request? Yes ____ No ____ N/A_____

For a denial, attach a copy of any statement of the reasons denying access to, a copy of, or other information contained in any public record covered by this request. If the request for the record was in writing, the denial determination is subject to review by mandamus under s. 19.37 (1), Wis. stats., or upon application to the attorney general or a district attorney. (s. 19.34 (4) (b), Wis. stats.)

Amount of pay pre-payment requested:

Amount of any fee paid to be by requester:

Reason for Fee:

Name and title of legal custodian or deputy acting on request:

If a personal record request, the date and name and address of the town employee notified in writing as to the request and response, if any, received from the employee. * *Note: See s. 19.356, Wis. stats.* N/A

NOTICE: To the best of my knowledge I believe this to be a fulfillment of the request by:

Sally Marver, Clerk / Treasurer

Date