

# PUBLIC OPEN RECORDS REQUEST FORM

Village of Fox Point  
7200 N Santa Monica Blvd, Fox Point, WI 53217  
414-351-8900

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Also, please fill in all information requested. You will be contacted when your request is ready for review or pick up in compliance with Wisconsin State Statute Sec. 19.35(4). If no phone number is provided, response will be left for pick up to a period of 7 days.

Date of Request: \_\_\_\_\_ Requestor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Specific Records Requested

*(If more space for writing is required, please use the back of the Public Open Records Request Form.)*

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. (19.35(1)(i) Wis. Stats. You are being asked to provide the information on a voluntary basis and as a means to facilitate your request. Thank you.

## APPLICABLE FEES (Per Village Ordinance, 63-6 (K-O), Miscellaneous fees)

DESCRIPTION OF APPLICABLE FEES (Per Village Ordinance, 63-6 (K-O), Miscellaneous fees)
Electronic format data by e-mail (\$20)
Mailing electronic format data (\$22)
Mailing Electronic format data on labels (\$45)
Photocopy of 8 1/2 x 11 or 8 1/2 x 14 – Black & White (\$.25 each)
Photocopy of 11 x 17 – Black & White (\$.25 each)
Photocopy of 8 1/2 x 11 or 8 1/2 x 14 – Color (\$.25 each)
Photocopy of 11 x 17 – Color (\$.25 each)
<i>**Photocopies different than the specifications above, requestor shall pay the actual, necessary and direct cost to the Village, as determined by the Village Clerk/Treasurer. **</i>

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### To be completed by Custodian of Records.

Date & Time request received: \_\_\_\_\_ Date & Time action completed: \_

Action taken on request: ( ) Approved ( ) Approved in part & denied in part ( ) Denied

Reason for denial: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Name & Title of Custodian/Deputy Acting on Request: \_\_\_\_\_