

VILLAGE OF BUTLER - OPEN RECORDS REQUEST

Municipal Code Reference: Section 3-3-4

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 S.S. 19.35(4).

In making this request I understand that I will be charged for the various services required. There is no cost to view the records requested.

Requestor's Name _____

Address _____

Phone No. (____) _____ City: _____ State: _____ Zip _____

Date of Request: _____

Request Received by: _____

How Received: Mail _____ In Person _____
Date Date

Records Requested: (Please make request as specific as possible)

Are Copies Requested: (Please initial your response) Yes _____ No _____

(TO BE COMPLETED BY APPROVING AUTHORITY)

Request Approved: Yes _____ No _____ Authority: _____

If Denied, Reason for Denial: _____

*** If Denied: Denial can be reviewed by writ of mandamus procedure or upon application to the District Attorney of this County or the Attorney General of the State of Wisconsin.

Photocopies: \$.25 for each 8.5" x 11" page
If request includes mailing - a self-addressed stamped envelope is required

Photographs & Other Forms of Records: Actual Cost

Search Cost: Actual if costs exceed \$50.00

If estimated cost exceeds \$5.00, a Cash Deposit is required upon request.

TOTAL COST: \$ _____

How Distributed: Employee _____ Mail _____ In Person _____