

VILLAGE OF SHOREWOOD
OPEN RECORDS REQUEST

Date _____

Request placed by: mail _____ in-person _____ fax _____ email _____ telephone _____

Requestor (optional for mailing) _____

Mailing address – city, state, zip (optional for mailing) _____

Email (optional for emailing) _____

Telephone (optional for calling when ready) _____

Record(s) Requested – be as specific as possible _____

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. If your request for records has been denied, you have the right to a review by writ of mandamus or application to the Milwaukee County District Attorney or State Attorney General.

*****Office Use Only*****

Request received by _____ Date/time _____

Request forwarded to _____ Date/time _____

Request approved by _____ Date/time _____

If denied, reason(s) _____

	estimate	actual fees charged	uncompensated time
copies			
scanning			
mailing			
photos			
location			
other			
Total Cost	0	0	0

Date distributed _____

By _____