

TOWN OF WILSON
REQUEST FORM FOR ACCESS TO OR COPY OF PUBLIC RECORD

I. TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OR COPY OF RECORD IN POSSESSION OF THE TOWN OF WILSON, 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: _____

Name of requester: _____

Date and time requested for copy of record: _____

Mailing address of requester: _____

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 prepayment paid to legal custodian ([s. 19.35 \(3\) \(f\)](#), Wis. stats.): \$_____

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

Municipal department, office, or work unit of any authority receiving request: (Include name of person receiving request). _____

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