

REQUEST FORM FOR ACCESS TO OR COPY OF PUBLIC RECORD

TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OR COPY OF RECORD IN POSSESSION OF THE TOWN OF OAKLAND, DOUGLAS COUNTY, WISCONSIN.

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

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), Wisc. 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, Wisc. stats.

Date and time requested to inspect record: _____

Date and time requested for copy of record: _____

Name of requester: _____

Mailing address of requester: _____

Telephone number of requester (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), Wisc. stats.)

**TO BE COMPLETED BY CUSTODIAN OR DEPUTY CUSTODIAN OF
RECORD**

**Town of Oakland
Douglas County, Wisconsin**

Date and time request received: _____

Date and time request completed: _____

Was the request acted upon with 10 (ten) days of request? Yes _____ No _____

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

If the request record was a personnel record, was the town employee notified of the request? Yes _____
No _____ (see s. 19.356, Wisc. stats.)

Please Note: 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 the request. If the request for the record was in writing, the denial determination is subject to review by mandamus under s. 19.37 (1), Wisc. stats. Or upon application to the attorney general or a district attorney. (s. 19.34 (4) (b), Wisc stats.)

Amount of any prepayment requested: _____

Amount of any fee to be paid by requester: _____

Reason for fee:

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

If a personnel 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 employee:

