



VILLAGE OF KIMBERLY  
515 W KIMBERLY AVENUE  
KIMBERLY WI 54136  
(920) 788-7500

## Public Records Request Form

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Please complete 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 for a period of seven (7) days. Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday, 8am to 4pm. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as is practicable and without delay.

The cost of photocopying of records shall be .25 cents per side of page, which has been calculated to be the actual, necessary and direct cost of reproduction. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the Records Custodian may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing and hourly wages of Records Custodian or designee thereof. A prepayment of such costs advocated with an open record request in excess of \$5.00 may be required prior to processing such open records request.

Date of Request: \_\_\_\_\_

Requestor's Name and Company/Group: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Specific Records Requested: \_\_\_\_\_

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.

### TO BE COMPLETED BY CUSTODIAN OF RECORD REQUESTED OR DEPUTY

Municipal department receiving request: \_\_\_\_\_

Date and Time Request Received: \_\_\_\_\_

Date and Time Action Completed: \_\_\_\_\_

Action Taken on Request:  Approved  Approved in part & denied in part  Denied

Reason for Denial: \_\_\_\_\_

Amount of Fee: \_\_\_\_\_

Name and Title of Custodian/Deputy Acting on Request: \_\_\_\_\_

Acknowledgement that Requester inspected or received a copy of document requested:

\_\_\_\_\_  
Signature Date