

**Town of Grand Chute
Open Records Request**

Requester's Name * _____

Address _____

City _____ State _____ Zip _____

Phone _____

* Voluntary – Requester is not required to give name or reason for request. If above information is not provided, it is the requester's responsibility to check back at a future date with the record's custodian on availability of records.

Specific records requested _____

Following to be filled out by Custodian of Records:

Request Received Date _____

By: Mail _____ E-Mail _____ In Person _____ Phone _____

Request Approved: Yes _____ Filled By: _____

Reason if denied: _____

Copies Requested: Yes _____ No _____

Report Copy pages _____ @ \$0.25 per page \$ _____

Mailing cost \$ _____ Search hours cost \$ _____ Photo cost \$ _____

Total Cost \$ _____

Notice: If your request for records has been denied, you have the right to a review by writ of mandamus under Wisconsin Statute 19.37(1) or upon application to the Attorney General or the District Attorney.