

**TOWN OF SEYMOUR, EAU CLAIRE COUNTY, WISCONSIN**

**REQUEST FOR ACCESS TO OR COPY OF PUBLIC RECORD**

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**I. TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OR COPY OF RECORD.**

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

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Please note: A request for a record must reasonably describe the record or information sought. A request is not sufficient if it is without a reasonable limitation as to subject matter and length of time. If a written request for a record has been tendered which is deemed under this paragraph to be insufficient, the custodian shall deny the request in writing and indicate in such denial the manner in which the record request is deemed to be insufficient.

Is the record or part of the record requested a personnel record of a town employee? Yes\_\_\_\_NO\_\_\_\_

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Name of requester:

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Mailing Address of requester:

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Purpose of request:

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Applicable Fees as per SS.19.35 will apply to all requests. \$1.00 per page up to \$12.00 maximum and \$.10 per/page after that, plus administration fees if applicable.

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." (19.35 (1)(i), Wis. Stats). You are being asked to list the purpose of your request on a voluntary basis. Thank you.

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

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Municipal department, office or work unit receiving request:

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Date and time request received:

Date and time action completed:

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Action taken on request:

( ) Approved

( ) Approved in part and denied in part

( ) Denied

If the requested record was a personnel record, was the town employee notified of the request:

Yes\_\_\_\_ No\_\_\_\_

Please attach copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Amount of any fee paid by requester:\_\_\_\_\_

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

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