

TOWN OF SEYMOUR, EAU CLAIRE COUNTY, WISCONSIN

REQUEST 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 SEYMOUR, EAU CLAIRE COUNTY, WISCONSIN.

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

Three horizontal lines for describing the record.

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 _____

Date and time requested for copy of record(s) _____

Is the record or part of the record requested, a personnel record of a town employee? Yes ___ NO ___

If yes, which employee? _____

Name of requester: _____

Mailing Address of requester: _____

Phone Number and email address (optional) _____

Purpose of request: _____

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.

Applicable fees may be imposed along with a request for a prepayment if the fees are expected to exceed \$5.00

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 receiving request:

Date and time request received:

Date and time action completed:

Action taken on request:

Approved

Approved in part and denied in part

Denied

Was the request acted upon within 10 days of the request? Yes _____ No _____

If no, why? _____

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

Yes ___ No ___

If yes, Name of Employee _____

Date Notified, in writing _____

Address of employee _____

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: _____

Amount of prepayment requested: _____

Reason for the fee:

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

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 this request. If the request for the record was in writing, the denial determination is subject to review by mandamus under s. 19.37 (1), Wis. Stats., or upon application to the attorney general or a district attorney (s. 19.37 (4), Wis stats)
