

## VILLAGE OF MUKWONAGO OPEN RECORDS REQUEST FORM

This form is available at the Village of Mukwonago offices, on the Village website <a href="www.villageofmukwonago.gov">www.villageofmukwonago.gov</a> for printing or emailing, or by contacting the Village Clerk at (262) 363-6420.

Requester Name:  Street Address:  City: Zip Code:  Per Wis. Statutes, Chapter 19.35(1)(i), applicants are not required to identify to open records.  DESCRIPTION OF DATA REQUESTED  Pursuant to the Wisconsin Open Records Law Chapter 19.35. Wis	hemselves or state a purpose for their request when making a request for  Statutes, I hereby request the following information currently
City:Zip Code:Per Wis. Statutes, Chapter 19.35(1)(i), applicants are not required to identify to open records.  DESCRIPTION OF DATA REQUESTED	hemselves or state a purpose for their request when making a request for  Statutes, I hereby request the following information currently
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existing in the records of the Village of Mukwonago Walworth & N requesting e.g., specific correspondence, reports, meeting proceeding records.	
PREFERRED METHOD OF DELIVERY	
cash or check or money order payable to the Village of Mukw	portion of the information requested is released. Make payment in onago. Per Wis. Statutes, <u>Chapter 19.35.3</u> , the Village can charge costs associated with searching, compiling, copying, mailing, or
PICK UP MY PAPER COPIES I will pick this above-listed contact information when the documents	information up when it becomes available. Please contact me at a are ready.
U.S. MAIL Please contact me at the above-li postage, shipping, etc,) and, upon payment, mail the	isted contact information and inform me of all costs, (e.g. copies, requested information to me at the address listed above.
ELECTRONIC MAIL Please e-mail and inform me of all applicable me at the e-mail address listed above.	costs and, upon payment, e-mail the requested information to
NO COPIES / IN-PERSON REVIEW I do not want copies but wish Please contact me at the above-listed contact information to sched	to inspect the originals of the requested information at no cost. dule a time when records will be available for viewing.
In making this request, I understand that:	
<ul> <li>Any request will be filled on a first-come, first-served basis.</li> </ul>	
Signature of Requester:	Date:

## FOR VILLAGE USE ONLY

Date Received:	Received by (employee):	:	
Action taken by Village in obtaining information	c		
Disposition of request:			
Employee releasing information:Da	ate information released:	Method of Delivery:	
Fee Received (If required):			