

TOWN OF SPRING GREEN OPEN RECORDS REQUEST FORM

PERSON REQUESTING RECORDS:	
Name (Last, First)	Phone
Address:	Email:
City, State, Zip:	

DESCRIPTION OF RECORDS BEING REQUESTED (please be specific):	
Specific date(s):	
Topic:	
Specific type(s) of records being requested :	

The requestor shall allow the Town 10 business days to respond to the records request.

Charges for black and white photocopies will be \$0.25 per page. Color copies or photos will be charged at a rate of \$2.00 per page. If mailed, postage will be included. The Clerk may also bill for time based upon the scope of the request. Copies of video/audio will be charged at a rate of time plus materials. Any records available via email will be charged at a rate of time plus materials. All costs for processed open records requests shall be paid prior to release.

The requestor can make an appointment with the Clerk to view/inspect documents prior to photocopying.

I understand this request will become part of the files maintained by the Town of Spring Green and is subject to open records. I agree to all processing charges noted above.

Signed: _____
(Signature of Requesting Party)

Dated: _____

Mail or email your request to:
Clerk, Town of Spring Green, PO Box 216, Spring Green, WI 53588
springgreenclerk@gmail.com

FOR OFFICE USE ONLY		
Reviewed by:	Date:	<input type="checkbox"/> Grant <input type="checkbox"/> Deny <input type="checkbox"/> Records Response Attached