



RECORDS REQUEST FORM

Name of Individual requesting records (Optional): _____

Address (Optional): _____

Phone #: _____

E-mail: _____

NOTE: You are not required to give your name and address. It is requested only to the extent necessary to contact you when the records are ready for you or to mail them to you.

I am requesting the following records (Please be specific):

Pursuant to Wis. Stat. §19.35(3), a location fee may be charged. In addition, duplication and shipping/handling fees may also be charged for this request. Duplication fees are \$.25 per page, and prepayment is required if the total fee exceeds five dollars (\$5.00).

Please choose how you wish to receive the requested records:

View/Inspect the records only (possible location fee)

Have copies made and pick up (possible location fee, duplication fees)

Have responsive records mailed or e-mailed (possible location fee, duplication fee, possible postage fee)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. Checks should be payable to the "City of Green Bay".

100 North Jefferson Street ❖ Green Bay, WI. 54301 ❖ 920 448 3080 ❖ Fax 920 448 3081 ❖

World Wide Web <http://www.greenbaywi.gov>
