



WRIGHTSTOWN POLICE DEPARTMENT  
 352 High Street  
 Wrightstown, WI 54180  
 920-532-6007

## OPEN RECORDS REQUEST FORM

Date of Request		
*Requestor's Name:		
*Organization Represented:		
*Address:		
*City:	*State:	*Zip:
*Phone:		*Fax:
*Email:		
Records Requested (please be specific, including names, dates, locations):		
Check One: <input type="checkbox"/> Fax Copies <input type="checkbox"/> Mail Copies <input type="checkbox"/> Pickup Copies		
Additional Information or Comments:		

**(Requestor, please note):** Under Wisconsin law a request for access to a public record “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 the subject matter or length of time represented by the record does not constitute a sufficient request.” See § 19.35(1)

\*Under Wisconsin law, a request for access to a public record may not be refused “because the person making the request is unwilling to be identified or to state the purpose of the request” See §19.35(1) Wis. Stats. You are being asked to provide this information on a voluntary basis.

<i>Office Use Only</i>				
<i>Date received:</i>		<i>Time spent:</i>	<i>Total cost:</i>	<i>Date paid:</i>
<i>Approved Y/N:</i>	<i>Authority:</i>	<i>If denied, reason:</i>		
<i>Date copies ready:</i>		<i>Appointment date &amp; time:</i>		