

WRIGHTSTOWN MUNICIPAL COURT

352 High Street, Wrightstown, WI 54180
920-532-5547

STATE OF WISCONSIN

BROWN/OUTAGAMIE COUNTY

Public Records Request

Date of Request: _____ Time: _____

*Requestor's Name: _____

Organization Represented _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Records Requested (please be specific, including names, dates, violations, etc.):

Method of Delivery / Cost

- Email / \$0.00 (when no printing is required)
- Mail / \$1.25 per page, plus postage
- Pick-Up / Paper \$1.25 per page
- CD or DVD / \$10.00, plus postage

*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 WI §19.35(1) Wis. Stats.

If your request is not readily available, you may be assessed a processing fee. If we are unable to fill your request while you wait, we will have it available or notify you within 10 working days or sooner if at all possible, of when the record(s) will be available, per WI State Statute 19.35(4)(a).

Pre-payment is required for any requests in excess of \$5.00

Notice: If your request for records has been denied, you have the right to a review by writ of mandamus under WI Statute 19.37(1) or upon application to the Attorney General or District Attorney.

Office Use Only

Date request received _____

- Approved
- Denied

Approved/Denied by: _____ Date: _____

Total Due: _____ Date Paid: _____