

CITY OF RICHLAND CENTER
450 South Main Street, Richland Center, WI 53581
Phone: 608-647-3466, Fax: 608-647-8360

REQUEST FOR RECORDS
Under
Wisconsin Open Records Law – Chapter 19.31-19.37

Requester Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ email address: _____

Request Received: _____
Date Time By Mail In Person

Distributed: _____
Date Time By Mail In Person

Specific Records Requested: _____

Request Approved: Yes _____ No _____ Authority: _____

If Denied, reason: _____

Request Copies: Yes _____ No _____

Number of pages requested: _____ at \$0.25 per page \$ _____

Search Hours (not applicable under \$50.00) \$ _____

Cost to Mail \$ _____

Photo Cost \$ _____

Total Cost: \$ _____

*Prepayment required if charges are over \$5.00.

Note: If your request for records has been denied, you have the right to a review by Writ of Mandamus or upon application to the District Attorney.