



CITY OF OAK CREEK

8040 S. 6th Street
Oak Creek, WI 53154
(414) 766-7000

REQUEST TO INSPECT AND/OR RECEIVE
PUBLIC RECORDS

(Please Print or Type)

TODAYS DATE: PHONE: FAX:

NAME OF REQUESTER: If Attorney/Insurance Co, Clients name:

MAILING ADDRESS: CITY: STATE: ZIP:

SUBJECT MATTER: (please be as specific as possible; addresses, tax key numbers, date ranges, etc.)

MANNER OF COMPLIANCE

- PERSONALLY INSPECT PROVIDE COPIES PROVIDE COST ESTIMATE IF REQUEST EXCEEDS \$25.00

MANNER OF DELIVERY DESIRED

- BY MAIL TO THE ADDRESS ABOVE PICK-UP IN PERSON FAX (if possible)
EMAIL: (if possible)

SIGNATURE OF PERSON REQUESTING RECORDS

DATE

SIGNATURE OF PERSON PICKING UP RECORDS

DATE

PURSUANT TO CITY POLICY AND WISCONSIN LAW, A PUBLIC RECORD MUST BE PRODUCED OR A DENIAL OF
PRODUCTION MUST BE GIVEN WITHIN SEVEN (7) BUSINESS DAYS OF YOUR WRITTEN REQUEST.

FOR OFFICE USE

REQUEST IS DIRECTED TO:
ESTIMATE OF COST

Table with 3 columns: Description, Rate, Total. Includes rows for Copies (B/W, Color), Large Maps, Computer Time, Postal Fees, Archival Research Fee, CD/DVD/film, Voter Records, Tax Roll, Actual Costs, Other Costs, Total Estimate, Actual Cost, Amount Paid.

PERSON RECEIVING REQUEST PLEASE COMPLETE

Received By: Department Contact Person: Date:

CITY CLERK SECTION

Assigned: Date: Due Date: Ticket #: