CITY OF OAK CREEK
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: CITY CLERK/CITY HALL

ESTIMATE OF COST

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies – B/W, 8 ½” x 11”</td>
<td>@ $.10</td>
<td></td>
</tr>
<tr>
<td>Copies – Color, 8 ½” “x 11”</td>
<td>@ $.25</td>
<td></td>
</tr>
<tr>
<td>Large Maps / Copies</td>
<td>@ $4.00</td>
<td></td>
</tr>
<tr>
<td>Computer Time</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>Postal Fees</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>Archival Research Fee</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>CD/DVD/film</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>Voter Records, $25.00 for listing, $5.00</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>For Each 1,000 Names on listing</td>
<td>@ $</td>
<td></td>
</tr>
<tr>
<td>Tax Roll / Assessment Roll / Electronic Media</td>
<td>@ $100.00 min.</td>
<td></td>
</tr>
</tbody>
</table>

Actual Costs @ $100.00 min. = __________
Other Costs @ $ = __________

Total Estimate $ __________

Amount Paid $ __________

PERSON RECEIVING REQUEST PLEASE COMPLETE

Received By: ______________________ Department Contact Person: ______________________ Date: ______________________

CITY CLERK SECTION

Assigned: ______________________ Date: ______________________ Due Date: ______________________ Ticket ______________________

Rev 01/2020