

## REQUEST FOR ACCESS TO PUBLIC RECORD

VILLAGE OF ALLOUEZ CLERK/TREASURER'S OFFICE  
1900 LIBAL STREET  
GREEN BAY, WI 54301

**REQUESTER 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 subject matter or length of time represented by the record does not constitute a sufficient request." See Section 19.35(1)(h), Wis. Stat.

### DESCRIPTION OF THE PUBLIC RECORD(S) TO BE INSPECTED AND/OR COPY MADE:

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DATE OF THIS REQUEST: \_\_\_\_\_

NAME / ADDRESS OF REQUESTER: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

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### HOW DO YOU WISH TO RECEIVE THE DOCUMENTS PERTAINING TO YOUR REQUEST?

\_\_\_\_ View in person at Village Hall    \_\_\_\_ Mail to address above    \_\_\_\_ Hold for pick-up    \_\_\_\_ Email to address above

**NOTE:** Costs or pre-payment for copies, postage, or labor may be associated with providing this information.

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### TO BE COMPLETED BY LEGAL CUSTODIAN OF REQUESTED RECORD

DATE / TIME REQUEST RECEIVED:	MEANS OF DELIVERY TO REQUESTER:
ACTION TAKEN: ____ REQUEST APPROVED IN WHOLE ____ REQUEST APPROVED IN PART * ____ REQUEST DENIED *	DATE & TIME REQUEST COMPLIED WITH:
	DATE & TIME REQUEST DENIED:
NAME AND TITLE OF LEGAL CUSTODIAN(S) ACTING UPON RECORDS REQUEST: _____ _____	AMOUNT OF FEE IMPOSED ON REQUESTER: _____
	AMOUNT PAID: _____

\* Attach copy of any written statement of reason for partial compliance or denial by legal custodian.