

Town of CLAYTON

Public Records Request Form

164 70th Avenue

Clayton, Wi. 54004

Phone: (715) 948-2564

Note: This form is offered for your convenience to place your request for open records from the Town of Clayton. You are not required to complete this form or to provide the requested information. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin’s Open Records law (ss. 19.31 – 19.39, Wis. Stats.)

The Town of Clayton will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available you will be notified within ten (10) working days as to when the record(s) will be available. There may be a charge for the record(s) you are requesting.

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| **To Be Completed By Requester** | | | | | | | | | | | | |
| Your Name: |  | | | | | | Phone: | |  | | | |
|  | | | |  | | |  | | |  | | |
| Mailing Address: | |  | | | | | | | | | | |
|  | | | |  | | |  | | |  | | |
| Record(s) you are requesting: (please be specific, include titles & dates): | | | | | | | | |  | | | |
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| How do you want the record(s) made available? | | | | | | | Review at Town Hall: | | | | |  |
|  | | | | |  | | Copy Provided: | | | | |  |
| **Send email requests to** | | | | | townofclayton@amerytel.net | | (limited availability): | | | | |  |
| Charges/Processing Fees: | | | | |  | |  | | |  | | |
| Letter Size Copies (8 ½ X 11): | | | | | | $.25/page | Certified Survey Maps: | | | | $3.00/Copy | |
| Colored Copies (8 ½ X 11): | | | | | | $.30/page | Mailing/Shipping: | | | | Actual Costs | |
|  | | | | | |  |  | | | |  | |
| Location of Records: Costs associated with locating records will be charged if they total $50 or more.  All record requests will also be charged for the Clerk’s time at an hourly rate of $15.00 with an hour minimum charged. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **~All costs must be paid prior to release of records.**  **~If costs are anticipated to exceed $5.00 prepayment will be required before copies will be produced.** | | | | | | | | | | | | |
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| **For Internal Use Only** | | | | | | | | | | | | |
| Date Request Received: | | |  | | | | Received By: | | |  | | |
|  | | |  | | | | Amount Due:  Date Paid:  Receipt #:  Received By: | | |  | | |
| Request Fulfilled By: | | |  | | | |  |  | |  | | |