



PUBLIC RECORDS REQUEST FORM

CITY OF LAKE GENEVA, WISCONSIN

RECEIPT NO: _____
TOTAL AMOUNT: _____
DATE: _____

Please fill out this form if you are requesting an inspection or photocopies of public records. In an effort to fill your request in the shortest amount of time, please be as specific as possible.

Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday, 8:30 AM to 5:00 PM. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as is practicable and without delay.

The cost of photocopying of records shall be .25 cents per side of page, which has been calculated to be the actual, necessary and direct cost of reproduction. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the Records Custodian may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing and hourly wages of Records Custodian or designee thereof. Per §19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 may be required prior to processing such open records request.

REQUESTOR (please print clearly) Submit Completed form to the City Clerk's office: vjahns@cityoflakegeneva.gov

Name	Last	First	Middle
Company Or Organization			
Address			
City, State, Zip			
Contact Info:	Phone:	Email:	
	(Please explain in detail)		
Document Requested			
Document Will be	(Circle one)		
	Emailed	Picked up	Mailed
	<i>I acknowledge that I have received a copy of the document requested and have paid for such document in advance, if required.</i>		
Signature			
<i>Please allow at least 10 days for your information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available for your inspection or release. Any information given orally or in writing by City Officials, may be subject to errors or omission and shall not be a binding liability upon the City of Lake Geneva.</i>			

MUNICIPAL RECORDS USE

Date Stamp When Received:

Time Received: _____:_____ AM PM

Received By: _____

Date Completed: _____

Time Completed: _____:_____ AM PM

Access to Documents: **Approved** **Denied**
Reasons

Records Custodian:

Signature *Date*

No. of Pages _____ Fees Received: \$ _____

Remarks/Actions/Special Instructions: