

**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:**

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

**PURPOSE OF REQUEST:**

\_\_\_\_\_

**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: <input type="checkbox"/> REQUEST APPROVED IN WHOLE <input type="checkbox"/> REQUEST APPROVED IN PART * <input type="checkbox"/> 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.