



CITY OF OAK CREEK

8040 S. 6th Street
Oak Creek, WI 53154
(414) 766-7000

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

Table with 2 columns: REQUEST IS DIRECTED TO: ESTIMATE OF COST and CITY CLERK/CITY HALL. Rows include: Copies - B/W, 8 1/2" x 11", Copies - Color, 8 1/2" x 11", Large Maps / Copies, Computer Time, Postal Fees, Archival Research Fee, CD/DVD/film, Voter Records, Tax Roll / Assessment Roll / Electronic Media, Actual Costs, Other Costs, Total Estimate, Actual Cost, Amount Paid.

DEPARTMENT SECTION

Date of Compliance: Department Contact Person: Date Completed:

CITY CLERK SECTION

Received By: Date: Due Date: