



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 columns for REQUEST IS DIRECTED TO, ESTIMATE OF COST, and various record types (Copies, Large Maps, Computer Time, etc.) with associated costs.

PERSON RECEIVING REQUEST PLEASE COMPLETE

Received By: Department Contact Person: Date:

CITY CLERK SECTION

Assigned: Date: Due Date: Ticket #: