



(715) 425-0900 Ext. 3429 or 3430
FAX NUMBER (715) 425-0233

Open Records Request Form

Please fill out this form if you are requesting an inspection or photocopies of public records.

Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday. 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. Please note the limitations on right to access as provided by Section 19.36 Wis. Stats.

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.

Please contact the Municipal Court to determine the total cost of the records request prior to submitting your request.

REQUESTOR'S INFORMATION *(Please Print)*

Preferred Contact

Name: _____
First Name Middle Initial Last Name

Phone: _____

Group: _____
Company Name or Group Affiliation

Fax: _____

Address _____
Route or P.O. Box Number

Email: _____

City State Zip Code

Document(s) to be Picked Up Mailed Faxed

Document(s) Requested _____

Attach additional sheets if necessary.

Acknowledgement that Requester Inspected or Received A Copy of Document Requested.

Signature Date

Please allow at least 10 days for 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. Records will be available for pick up for 7 days from completion contact date.

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 River Falls.

FOR OFFICE USE ONLY

Date Stamp When Received:

Number of Pages _____ @ \$.25/page

Amount Paid: _____

Remarks/Actions: _____