



2801 89th Street
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**REQUEST FOR RECORDS
 WISCONSIN OPEN RECORDS LAW**

REQUEST FOR RECORDS

WIS STATE STATUTE 19.35

REQUESTOR'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF REQUEST: _____ **TIME:** _____ **AM/PM**

SPECIFIC RECORD REQUESTED: _____

If your request for records I denied, you have the right to a review by WRIT OF
 MANDAMUS or upon application to the District Attorney or the Attorney General.
 You have ten (10) days to pick up copies of the records requested, once the request is
 approved. If the records have not been picked up, this request will be filed and a
 new request must be made with this department.

FOR DEPARTMENT USE ONLY

Complaint/Call #: _____

In person: _____ **By Mail:** _____ **Fax:** _____ **Rec'd by:** _____ **Cost:** _____

Request approved - Yes _____ **No** _____ **Authorized By:** _____

Reason for denial (if applicable): _____

Date picked up: _____ **Paid:** _____ **Released by:** _____