

Village of Brooklyn

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PUBLIC RECORDS REQUEST FORM

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Also, please fill in all information requested. You will be contacted when your request is ready for review or pick up in compliance with Wisconsin State Statute Sec. 19.35 (4). If no phone number is provided, response will be left for pick up for a period of 7 days.

Date of Request: _____

Requester's Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Specific Records Requested:

Please note: A request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request. (19.35(1)(i) Wis. Stats. You are being asked to provide the information on a voluntary basis and as a means to facilitate your request. Thank you.

To Be Completed by Custodian of Record Requested or Deputy.

Municipal department, office or work unit receiving request: _____

Date & Time request received: _____

Date & Time request completed: _____

Action taken on request: () Approved () Approved in part & denied in part () Denied

Reason for denial: _____

Amount of fee: _____

Name & Title of Custodian/Deputy Acting on Request: _____