



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: _____

PROPERTY ADDRESS: _____

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

REQUEST IS DIRECTED TO:
ESTIMATE OF COST

CITY CLERK/CITY HALL

Copies – B/W, 8 1/2" x 11" _____ @ \$.10 = _____
Copies – Color, 8 1/2 "x 11" _____ @ \$.25 = _____
Large Maps / Copies _____ @ \$4.00 = _____
Computer Time _____ @ \$ _____ = _____
Postal Fees _____ @ \$ _____ = _____
Archival Research Fee _____ @ \$ _____ = _____
CD/DVD/film _____ @ \$ _____ = _____
Voter Records, \$25.00 for listing, \$5.00
For Each 1,000 Names on listing _____ @ \$ _____ = _____
Tax Roll / Assessment Roll / Electronic Media
Actual Costs _____ @ \$100.00 min. = _____
Other Costs _____ @ \$ _____ = _____

Total Estimate (Will notify >\$25.00) \$ _____
Actual Cost \$ _____
Amount Paid \$ _____

PERSON RECEIVING REQUEST PLEASE COMPLETE

Received By: _____ Date: _____

RETURN FORM TO CITY CLERK, CATHERINE ROESKE CROESKE@OAKCREEKWI.GOV