



OPEN RECORDS REQUEST

Pursuant to Wisconsin's Open Record Act – Wis. Stat. 19.21-19.39

Village of Union Grove • 925 15th Ave. Union Grove, WI 53182 • Phone: (262) 878-1818

• E-mail: info@vi.uniongrove.net • Website: uniongrovewi.gov

Please fill out this for if you are requesting an inspection or copies of public records.

Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday 8:00 AM to 4:30 p.m. 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. The cost of photocopying of records shall be .15 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.

Requestor Information:

Requestor's Name: _____

Company Name (If Applicable): _____

Full Address: _____

Telephone Number*: _____ E-Mail Address*: _____

Documents Requested to be: ☐ Mailed ☐ Picked Up ☐ E-mailed

Description of Records Requested (be specific):

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 Village Officials may be subject to errors or omission and shall not be a binding liability upon the Village of Union Grove.

This Section for Office Use Only:

Date of Request: _____ Person Receiving Request: _____

Date Completed: _____ Fee Charged: _____ Date Paid: _____

Request Approved: Yes No Authority Signature: _____