



Village of Chenequa

Public Records Request Form

In an effort to fulfill your request in the timeliest manner, please be as specific as possible in your request. Also, please fill in all information requested. You will be contacted when our 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 Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Description of record(s) 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 the state the purpose of the request." [19.35(l)(i), Wis Stats.] You are being asked to provide the information called for on a voluntary basis. Thank you.

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TO BE COMPLETED BY VILLAGE CLERK OR DEPUTY CLERK

Department receiving request: _____

Date & time request received: _____

Action taken on request:

- Approved
- Denied
- Approved in part/Denied in part

Attach copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Signature of Custodian approving release: _____

Fee Due: _____ Paid: YES NO

Date & Time Record released: _____ Released By: _____