



2990 S. Pine Tree Rd. Hobart, WI 54155
(P) 920-869-3801 | (F) 920-869-2048

Request for Records

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Fees: \$0.50 per page – Payment must be received before release of records.
You will be notified in writing if the request is denied and the reason for denial.*

Records Requested – Please be as specific as possible:

Following to be filled out by records department:

Request Received: Date: _____ Method: _____

Request Approved: Yes _____ No _____ Authority: _____

If denied, reason:

Method of Delivery: Paper Copy _____ Email _____ Fax _____

of Pages: _____

Cost @ \$0.50 per page: _____

Date of Delivery: _____ Signature: _____