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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.*

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Records Requested – Please be as specific as possible:

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**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: \_\_\_\_\_