



OPEN RECORDS REQUEST

City of Middleton
7426 Hubbard Avenue
Middleton, WI 53562
608-821-8350
Fax: 608-827-1057

Request Date _____ Date Completed: _____

Description of Record Requested (be specific) _____

#	DESCRIPTION OF SERVICE REQUESTED	FEE DUE*
	Copies (\$.25 per page)	
	Postage	
	Location fees (time allocated to retrieve the records)	

*These fees are estimated, final fees will be provided upon completion of the records request.

NOTICE: Pursuant to ss 19.32(3)(c) the City will impose a fee to cover actual and direct costs to locate and provide any records for requests that exceed the statutory threshold of \$50 to provide.

PREPAYMENT OF FEES IS REQUIRED IF THE FEE EXCEEDS \$5.00.

FEES MUST BE PAID PRIOR TO RECEIPT OF THE RECORDS REQUESTED.

If you request your information be mailed or your fees will exceed \$5.00, you will need to submit payment prior to the information being mailed or submit your credit card information below.

Name of Requestor: _____

Address of Requestor: _____

Phone of Requestor: _____

Email Address of Requestor: _____

Handling: Will Pick Up Charge Credit Card & Mail

Cardholder Name: _____

Card Number _____ Exp Date (MM/YY): _____

Secure Code (three digit number on back of card): _____

Signature of Card Holder: _____