

Record Request Form

Village of Maple Bluff
Clerk/Treasurer's Office
18 Oxford Place
Madison, WI 53704
Phone (608) 244-3048 Fax (608) 244-0179



Please note: Under state law a request for access to a public record "A request under pars. (a) to (f) is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request. A request may be made orally, but a request must be in writing before an action to enforce the request is commenced under s. 19.37 " (19.35(1)(h), WI SS)

Please click the email address to send saved and completed forms: records@villageofmaplebluff.com

Description of the public record(s) to be inspected and/or copy made:

Please note: A request for access to a public record may not be refused "Except as authorized under this paragraph, no request under pars. (a) and (b) to (f) may be refused because the person making the request is unwilling to be identified or to state the purpose of the request. Except as authorized under this paragraph, no request under pars. (a) to (f) may be refused because the request is received by mail, unless prepayment of a fee is required under sub. (3)(f). A requester may be required to show acceptable identification whenever the requested record is kept at a private residence or whenever security reasons or federal law or regulations so require." (19.35(1)(i), WI SS) You are being asked to provide the information called for on voluntary bases. Thank you.

Date & Time of Request: _____

Name of Requester: _____ Contact Number () _____

Address: _____

Purpose of request: _____

To Be Completed by Legal Custodian of Requested record

Date & Time Requested Received: _____
Action Taken: ____ Request Approved in Whole ____ Request Approved in Part* ____ Request Denied*
Name & Title of Legal Custodian(s) Action upon records request: _____

Means of delivery to requestor: _____
Date & Time request complied with: _____
Date & Time request denied: _____
Amount of fee imposed on requester: _____
Amount of fee imposed on requester: _____
Amount paid: _____ Date paid: _____

Approval or Deny Remarks:

*Denial of a written request must inform the requester that the denial is subject to review in an action for mandamus under Wis. Stat. 19.37(1), or by application to the local District Attorney or Attorney General