

**Town of Warren**  
**Open Records Request**

Requester's Name \* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\*Voluntary - Requester is not required to give name or reason for request. If above information is not provided, it is the requester's responsibility to check back at a future date with the record's custodian on availability of records.

Specific records requested \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Following to be filled out by Custodian of Records:**

Request Received: Mail \_\_\_ E-Mail \_\_\_ In-Person \_\_\_ Phone \_\_\_ Date \_\_\_\_\_

Request Approved: \_\_\_\_\_ Filled By: \_\_\_\_\_

Reason if denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copies Requested: Yes \_\_\_ No \_\_\_

Report Copy Pages \_\_\_\_\_ X \$0.25 per page \$ \_\_\_\_\_

Mailing Cost \$ \_\_\_\_\_

Search Cost \$ \_\_\_\_\_

Photo Cost \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

\_\_\_\_\_

Notice: If your request for records has been denied, you have the right to a review by a writ of mandamus under Wisconsin Statute 19.37(1) or upon application to the Attorney General of the District Attorney.