OPEN PUBLIC RECORDS ACT REQUEST FORM

VILLAGE OF READSTOWN
116 NORTH 4TH STREET
READSTOWN, WI 54652
(608) 629-5627

FIRST NAME:_____ M.I. _____ LAST NAME:_____

EMAIL ADDRESS:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE:_____

PREFERRED DELIVERY: _____

SIGNATURE:_____ DATE:_____

RECORD REQUEST INFORMATION: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means, and the integrity of the records will not be jeopardized by such method of delivery.

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