

**REQUEST FOR PUBLIC RECORDS
TOWN OF DELAFIELD**

Name of Requestor: _____

Address: _____

Phone: _____

Email: _____

Pursuant to Wisconsin Statutes 19.35, I am formally requesting to inspect certain public records.
In particular, records requested for inspection are:

Date records are requested to be made available: _____

The requestor agrees to pay any copying and/or administrative costs incurred for any records if the costs exceed \$50.00 or more. Physical copies will include a charge of \$0.25 per page. If the costs for retrieving such records exceed \$50.00, the administrative charges will not exceed the salary of the lowest paid, full-time administrative employee. If an estimate of charges is requested, this can be provided by the Town Clerk at the request of the requestor.

Name (Print): _____

Signature: _____

Please return this form to:

Town Clerk's Office
Daniel Green, CMC/WCMC
W302N1254 Maple Avenue
Delafield, WI 53018
Email: dgreen@townofdelafield.org