

Town of Stettin
12004 Stettin Drive
Marathon WI 54448
715-845-3535

Email: Townofstettin.wi@gmail.com



REQUEST FOR PUBLIC RECORDS

Public records requests may be fulfilled between the hours of 8:00 am and 4:00 pm, Monday through Friday. Fill out this form in you are requesting an inspection or photocopies of town records. Prepayment may be required for any request expected to exceed \$5.00.

Date of Request: _____
Your Name (print): _____
Address: _____
Telephone Number: _____ Email Address: _____
Initial if email is preferred method of return for records _____

Information or Records Requested (Please be specific to ensure your request is fulfilled properly.)

Signature of person requesting public records: _____

- Fees: \$0.25 per 8 1/2 X 11 black and white copies
- Copies other than 8 1/2 X 11, actual cost
- \$25.00 per computer disk or CD
- \$20.00 per 60 minute cassette
- \$25.00 for SVRS files, plus \$5.00 per 1000 names
- Postage: 1st Class, FedEx, or Registered Mail Return Receipt, actual cost
- Administrative Fee, \$25.00 per hour

Administrative Fees:

Requests for records not readily available shall be assessed a processing fee. Fees shall not be payable until a minimum of \$50.00 has accumulated.

Some release of records will require approval by the custodian of records or designee. All records cannot be retrieved immediately. All requests shall be processed as soon as practicable and without delay. Please allow at least 10 days for information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available to you. Any information given orally or in writing by Town officials may be subject to errors or omission and shall not be a binding liability upon the Town of Stettin.

NOTE: When record release is denied, you may, pursuant to Wisconsin Stats, 19.37(1)(a), bring an action for mandamus asking a court to order the release of the record. Additionally, you may, pursuant to Wisconsin Stats. 19.37(1)(b)(m), request the Marathon County District Attorney's Office to bring an action for mandamus asking a court to order the release of the record.

DEPARTMENTAL USE ONLY

Signature of Person Receiving Request: _____

Date request received: _____

Date request prepayment notification given: _____

Date request prepayment received: _____

Date request fulfilled: _____

Method of fulfillment (circle one):

Pick up FedEx Email
 1st Class Registered Mail

CHARGES	Qty	Total
\$0.25 per 8 1/2 X 11 black and white copies		
Copies other than 8 1/2 X 11, actual cost		
\$25.00 per computer disk or CD		
\$20.00 per 60 minute cassette		
\$25.00 for SVRS files, plus \$5.00 per 1000 names		
Postage: 1st Class, FedEx, actual cost		
Administration Fee, \$25.00/hour		
Total		

Reason for record request denial: _____

