

Town of Trempealeau

Open Records Request Form

Please fill out this form if you are requesting an inspection or photocopies of public records.

Requestor's Information *(please print)*

Name: _____ Group _____
First Name Middle Initial Last Name Company Name or Group Affiliation

Address: _____
Street or P.O. Box City State Zip Code

Phone: _____ Fax: _____ E-Mail _____

Document Requested: (Be Specific)

Received by: _____ Date Received: _____

Completed Date: _____ Signature: _____

No. of Pages _____ Fees Received: \$ _____ Document to be _____ Picked Up _____ Mailed

Acknowledgement that Requester Inspected and Received A Copy of Document(s) Requested.

Signature Date

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 for your inspection or release. Records will be available for pick up 7 days from completion contact date.

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 Trempealeau.