



City of Reedsburg
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www.reedsburgwi.gov

OPEN RECORDS REQUEST

Date of Request: _____, 20 _____

Requestor's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Records Requested (Please be as specific as possible; names, dates, locations):

- () Please email: e-mail _____
() Please fax: fax number _____
() Please call when ready: phone number _____
() I will pick up

Additional information or comments: _____

For Department Use Only – To Be Completed by Custodian or Deputy Custodian of Records
() Request for record approved
() No record found
() Request for record approved in part, and denied in part. Explanation: _____
() Record does not belong to this agency. To obtain this record, you must request it from: _____
() Request for record denied. Reason for denial: _____

Completed By: _____
Title: _____ Req. # _____
Date Completed: _____ Time Completed: _____