

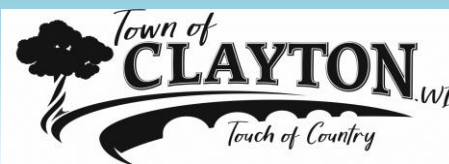
# Open Records Request Form

**Town of Clayton Town Hall**

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: [clerk@claytonwinnebago.wi.gov](mailto:clerk@claytonwinnebago.wi.gov)Website: <https://www.townofclayton.net/>

\*Records may be release between the following hours:

Monday - Thursday, 8:30 am to 3:00 pm & Friday, 8:30 am to 12:00 pm

**REQUESTER'S INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Per Wis. Statutes, [Chapter 19.35\(1\)\(i\)](#), applicants are not required to identify themselves or state a purpose for their request when making a request for open records.*

**DESCRIPTION OF DATA/RECORDS REQUESTED**

*Pursuant to the WI Open Records Law, [Chapter 19.35](#), Wis. Statutes, I hereby request the following information currently existing in the records of the Town of Clayton, Winnebago County, Wisconsin.*

Information of Records Requested (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PREFERRED METHOD OF DELIVERY**

*Please know, additional fees may apply depending on which delivery method is chosen. Charges must be paid in full before any portion of the information requested is released.*

\_\_\_\_\_ Paper Copy

\_\_\_\_\_ Pick Up (please contact me at the above-listed contact information &amp; inform me of all costs)

\_\_\_\_\_ Mail (please contact me at the above-listed contact information &amp; inform me of all costs)

\_\_\_\_\_ Email (please contact me at the above-listed contact information &amp; inform me of all costs)

\_\_\_\_\_ Fax (please contact me at the above-listed contact information &amp; inform me of all costs)

- Please allow at least ten (10) days for information to be researched. You will be notified as soon as the records requested are available to you.
- Any request will be completed on a first-come, first-served basis.
- 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 Clayton.

\_\_\_\_\_  
Signature of Requester

**ADMINISTRATIVE CHARGES:**

Requests requiring research shall be assessed labor fees  
(this includes basic researches for Voter/Election Information for SVRS).  
NOTE: Election "Walking Lists" are to be obtained from the Government Accountabilities  
Board (fees based on per/thousand voters basis)

\_\_\_\_\_ Hours(s) @ \$ \_\_\_\_\_/hour  
(One hour minimum payment required, plus any additional hours)

\_\_\_\_\_ Number of Pages(s) @ \$ \_\_\_\_\_/page  
equals \$ \_\_\_\_\_

\$ \_\_\_\_\_ Delivery Method Charge

**See Fee Schedule**

**TOTAL:** \$ \_\_\_\_\_

Employee's Initials: \_\_\_\_\_