

TOWN OF WORCESTER

PRICE COUNTY WISCONSIN

TOWN OF WORCESTER OPEN PUBLIC RECORDS REQUEST FORM

1. Date Requested: _____

2. Request submitted by: Email _____ U.S. Mail _____ In-Person _____

3. Name of Requestor:

Address:(not required) _____

E-Mail (not required) _____

Telephone number (not required) _____

4. Records Requested-Provide as much specific detail as possible so the agency can identify information _____

5. Do you want copies? Yes _____ No _____

6. Do you want to inspect the records? _____

7. Do you want certified copies? _____

Town Clerk _____

Date Received by the Town _____

Ten(10) Day Response Due _____

8. How do you want the records request delivered? email/mail/pick-up

Custodians can at own discretion let requester scan or make own copies.

Date form filled and completed: _____

Signatures _____