



Open Records Request Form

Pursuant to Wisconsin Statutes Section 19.34

I request access to the following records of the Frank L. Weyenberg Library:

Description of records:

I wish to (choose one):

- inspect the above records
- obtain copies of the above records
- have copies mailed to me

Name of requestor:

Address of requestor:

Phone number:

Please note the following fees and costs:

1. Photocopy duplication: charge of 25 cents per page.
2. Photograph, video, or audio duplication: charge of actual cost of reproduction.
3. Applicable shipping and/or mailing fees will be added.
4. Prepayment may be required for record requests in excess of \$5.00 fees/costs.