CITY OF MENOMONIE

PUBLIC RECORDS REQUEST

Date_____ Time _____

I _____, of _____

(print name) (street address)

_____ Home phone _____

(city, state, and zip code) Work phone _____

Fax _____

E-mail_____

hereby request copies of the following City records:

_____

_____

_____

_____

_____

_____

I understand that I will be charged when exceeding a minimum of $1.00 in accordance with the Department of Justice Fee Schedule for these copies and that additional research charges may be incurred if requested records are of an antiquated nature.

I understand that copies will be provided to me as soon as practicable and without delay.

_____

Signature of requester

Receipt # _____

Amount paid _____

Date _____