

**REQUEST FOR ACCESS TO PUBLIC RECORD**

Lynn Bybee, Clerk-Treasurer  
Town of Land O' Lakes  
P. O. Box 660  
Land O' Lakes, WI 54540

**REQUESTER PLEASE NOTE** Under Wisconsin law a request for access to a public record "is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request." See Section 19.35(1)(h), Wis. Stat.

**DESCRIPTION OF THE PUBLIC RECORD(S) TO BE INSPECTED AND/OR COPY MADE:**

\_\_\_\_\_  
\_\_\_\_\_

**REQUESTER PLEASE NOTE** Under Wisconsin law a request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request." See Section 19.35(1)(i), Wis. Stats. You are being asked to provide the information called for below on a voluntary basis. Thank you.

**DATE OF THIS REQUEST:** \_\_\_\_\_

**NAME / ADDRESS OF REQUESTER:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PURPOSE OF REQUEST:**

\_\_\_\_\_

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**TO BE COMPLETED BY LEGAL CUSTODIAN OF REQUESTED RECORD**

DATE / TIME REQUEST RECEIVED:	MEANS OF DELIVERY TO REQUESTER:
ACTION TAKEN: <input type="checkbox"/> REQUEST APPROVED IN WHOLE <input type="checkbox"/> REQUEST APPROVED IN PART * <input type="checkbox"/> REQUEST DENIED *	DATE & TIME REQUEST COMPLIED WITH:  DATE & TIME REQUEST DENIED:
NAME AND TITLE OF LEGAL CUSTODIAN(S) ACTING UPON RECORDS REQUEST:  _____ _____	AMOUNT OF FEE IMPOSED ON REQUESTER:  _____  AMOUNT PAID: _____

\* Attach copy of any written statement of reason for partial compliance or denial by legal custodian.