

To: Whitefish Bay Public Library  
Custodian of Public Record/Library Director  
Date:  
Re: Open Records Request



WFB Library Mission Statement

*The Whitefish Bay Public Library, as a cornerstone of the community, is dedicated to connecting people of all ages, inspiring a love of learning and providing easy access to ideas, information and resources.*

Notice to requestors: You are not required to provide your name, address and phone number to receive a department record; however this information is useful in getting the requested information to the correct person and clarifying any ambiguities to the request. Records are processed during regular library operating hours and may take more than seven business days to process dependent on the information requested. **Description of the records requested must be specific.** Estimated costs to fulfill request will be provided if in excess of \$20.00.

Copy Costs: \$0.30 per page (see WFBPL *Public Records Notice Policy* for more details)

Requestor Name: \_\_\_\_\_  
Requestor Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Requestor Phone: \_\_\_\_\_  
Requestor Email: \_\_\_\_\_

Description of record(s) requested (attach additional pages if needed):

By signing this form I realize I will be responsible for all legally prescribed costs involved in the processing of this request pursuant to Wis. Stat. 19.35. I further realize that if the request is denied for cause pursuant to Wis. Stat. 19.36 I have the right to have the denial reviewed by Writ of Mandamus or upon application to the Attorney General or Milwaukee County District Attorney pursuant to 19.37.

Signature of Requestor: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Request Approved? YES NO Authority: \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Date/Time Record Request Fulfilled: \_\_\_\_\_ (Employee initials)

Date/Time of Notification to Requestor: \_\_\_\_\_ (Employee initials)

Total Cost: \_\_\_\_\_ (if applicable, attach itemized list of costs) Acct # 01-45108