

CITY OF HUDSON
505 THIRD ST. – HUDSON WI 54016

Open Records Request Form

Please fill out this form if you are requesting an inspection or photocopies of public records.

Public records may be requested, inspected and copies obtained during normal business hours of Monday through Friday 8:00 AM to 4:30 PM. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as it is practicable and without delay.

The cost of photocopying the records shall be .25 cents per side of page which has been calculated to be the actual, necessary and direct cost of reproduction. In some cases, such response costs may go beyond simply copying a requested record. In these cases, the City may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing and hourly wages of City employee fulfilling the request. Per §19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 may be required prior to processing such open records request.

REQUESTOR'S INFORMATION *(Please Print)*

Preferred Contact

Name: _____
First Name MI Last Name

Phone: _____

Group: _____
Company Name or Group Affiliation

Fax: _____

Address: _____
City State Zip

Email: _____

Document to be Picked Up Mailed

Document or Information Requested _____

Acknowledgement that Requester inspected or received a copy of Document Requested.

Signature _____ Date: _____

Please allow at least 10 days for information to be researched. Your request will be given priority and you will be notified as soon as the records requested are available for your inspection or release. Records will be available for pick up for 7 days from completion contact date. Any information given orally or in writing by City Officials may be subject to errors or omission and shall not be a binding liability upon the City of Hudson.

OFFICE USE ONLY

Received Date: _____

Time Received ____: ____ AM PM

Received by: _____

Date Completed: _____ : ____ AM PM

Access to Documents: Approved Denied Records Clerk Signature/Date: _____

No. of Pages: _____ Amt. Pd: _____ Receipt # _____

Remarks/Actions: _____