



Town of New Holstein
Public Records Request Form
 W1465 Tecumseh Rd.
 New Holstein, WI 53063
 Phone: (920) 898-4606

Note: This form is offered for your convenience to place your request for open records from the Town of New Holstein. You are not required to complete this form or to provide the requested information. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 – 19.39, Wis. Stats.)

The Town of New Holstein will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available you will be notified within ten (10) working days as to when the record(s) will be available. There may be a charge for the record(s) you are requesting.

To Be Completed By Requester

Your Name: _____ Phone: _____

Mailing Address: _____

Record(s) you are requesting: (please be specific, include titles & dates): _____

How do you want the record(s) made available? _____ Review at Town Hall: _____

Send email requests to: townclerkheller@gmail.com

Copy Provided: _____
 (limited availability): _____

Charges/Processing Fees:

Letter Size Copies (8 ½ X 11): \$.15/sheet

Certified Survey \$3.00/Copy

Colored Copies (8 ½ X 11): \$.25/sheet

Maps:

Mailing/Shipping: Actual Costs

Location of Records: Costs associated with locating records will be charged if they total \$50 or more.

~All costs must be paid prior to release of records.

~If costs are anticipated to exceed \$5.00 prepayment will be required before copies will be produced.

For Internal Use Only

Date Request Received: _____ Received By: _____

Request Fulfilled By: _____

Amount Due: _____

Date Paid: _____

Receipt #: _____