



OPEN RECORDS REQUEST

___-7777

City of Wausau
407 Grant Street
Wausau, WI 54403
715-261-6620

Request Date _____ Date Completed: _____

Description of Record Requested (be specific) _____

#	DESCRIPTION OF SERVICE REQUESTED	FEE DUE
	Copies (\$.04 per page-Color copies)	
	Copies (\$.0039 per page – Black and White copies)	
	CD (\$15.00 per disk)	

NOTICE: Pursuant to § 19.35(3)(c) the city will impose a fee upon a requestor for **locating a record**, not exceeding the actual, necessary and direct cost of location, if the cost is \$50.00 or more. The clerk will notify you if your request is likely to exceed the statutory fee.

FEES MUST BE PAID PRIOR TO RECIEPT OF THE RECORDS REQUESTED. If you request your information be mailed, you will need to submit payment prior to the information being mailed or submit your credit card information below.

Name of Requestor _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Handling: Will pick up Charge credit card and mail

List Card Type (MasterCard, Visa, American Express): _____

Card Number _____ Exp. Date (MM/YY) _____

Secure Code (three digit number on back of card): _____

Signature of Card Holder: _____