

VILLAGE OF COTTAGE GROVE
RECORDS REQUEST

Date of Request: _____

Requested By: _____

Address: _____

Telephone: _____ Email: _____

INFORMATION REQUESTED

Do you wish to have this request mailed _____ to the address above or held _____ for you to pick up?
Please mark the appropriate line.

NOTE: Costs such as copies, postage and/or labor may be associated with providing this information. The estimated cost for completing this request is \$

Requestor's Signature

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED:

DATE REQUEST COMPLETED:

EMPLOYEE COMPLETING REQUEST:

PICKED UP / MAILED ON:

Time to Complete:	
Copies:	
Postage:	
Total:	\$

VILLAGE OF COTTAGE GROVE
221 E. COTTAGE GROVE ROAD
COTTAGE GROVE, WI 53527

July 14, 2003

TO WHOM IT MAY CONCERN:

Enclosed is a records request form for you to complete. This form is being provided to better assist us in identifying what records you wish to view and/or have copies of. Please note that the cost to provide these items will be charged back to you. Once determined the request will be held until payment is made. If you wish an estimate can be provided prior to the request being completed, please call for a quote.

You may avoid any charges (except to copy) by examining the records yourself. The Village's Code of Ordinances are also available online under www.village.cottage-grove.wi.us.

The normal identified costs to fulfill a records request is:

Time: Calculated on 15 minute increments and based on wage/benefit combination per hour for the employees who would complete this request.

Copies: \$.20 per page for black and white copies and \$1.00 per page for color copies.

Postage: Actual cost.

If you have any questions on this, please feel free to contact me at the municipal office at 839-4704.

Kim Manley,
Clerk/Deputy Treasurer

Encl.
KM