

**VILLAGE OF YORKVILLE  
OPEN RECORDS REQUEST FORM**

This form is available at the Village of Yorkville office, on the Village of Yorkville website, or by contacting the Village Administrator/Clerk at [michael@villageofyorkville.com](mailto:michael@villageofyorkville.com) and may be printed, completed, and faxed to 262-878-1680, mailed to 925 15<sup>th</sup> Ave, Union Grove, WI 53182, delivered directly to the Village of Yorkville Office during regular business hours, Monday through Friday, from 8:00 a.m. to 4:30 p.m., or emailed to [michael@villageofyorkville.com](mailto:michael@villageofyorkville.com).

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Requester Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*Per Wis. Statutes, [Chapter 19.35\(1\)\(j\)](#), applicants are not required to identify themselves or state a purpose for their request when making a request for open records.*

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**DESCRIPTION OF DATA REQUESTED**

**Pursuant to the Wisconsin Open Records Law, Chapter 19.35, Wis. Statutes, I hereby request the following information currently existing in the records of the Village of Yorkville, Racine County, Wisconsin. Specify the information you are requesting e.g., specific correspondence, reports, meeting proceedings/other documents, along with the approximate dates of these records.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PREFERRED METHOD OF DELIVERY**

- PAPER COPY** I wish to receive a paper copy of the requested information. I understand that I must pay \$0.25 per printed page for paper copies. I understand that for all other requests, I must pay the actual cost of fulfilling the request as permitted by Wisconsin Statutes. *Charges must be paid in full before any portion of the information requested is released. Make payment in cash or check or money order payable to the Village of Yorkville. Per Wis. Statutes, [Chapter 19.35.3](#), the Village can charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. We do not charge for inspection of data or for separating non-public data from public data.*
- PICK UP** I will pick this information up when it becomes available. Please contact me at above-listed contact information when the documents are ready.
- MAIL** Please contact me at the above-listed contact information and inform me of all costs, (e.g. copies, postage, shipping, etc.) and, upon payment, mail the requested information to me at the address listed above.
- ELECTRONIC MAIL** Please e-mail and inform me of all applicable costs and, upon payment, e-mail the requested information to me at the e-mail address listed above.
- FAX** Please call and inform me of all costs and, upon payment, fax the information to me at the fax number listed above.
- NO COPIES / IN-PERSON REVIEW** I do not want copies but wish to inspect the originals of the requested information at no cost. Please contact me at the above-listed contact information to schedule a time when records will be available for viewing.

In making this request, I understand that:

- The Village of Yorkville is under no obligation to create a document that does not already exist.
- The Village of Yorkville is under no obligation to provide items deemed confidential under the Wisconsin Open Records Law, [Wis. Stat. 19.35\(1\)\(am\)\(1\)](#).
- Depending on the request, it may take up to ten (10) business days or more for the Village of Yorkville to fulfill this request.
- Any request will be filled on a first-come, first-served basis

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR VILLAGE USE ONLY**

Date Received: \_\_\_\_\_

Received by (employee): \_\_\_\_\_

Action taken by Village in obtaining information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disposition of request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee releasing information: \_\_\_\_\_

Date information released: \_\_\_\_\_

Fee Received: \_\_\_\_\_