

RECORD(S) REQUEST

STATE OF WISCONSIN

Town of Grand Rapids

Wood County

DATE OF RECORD(S) REQUEST: _____

SPECIFIC RECORD(S) REQUESTED: _____

NAME OF PERSON REQUESTING RECORD(S): _____
[please print]

ADDRESS: _____

Signature

TOTAL COST FOR RECORD(S): _____

DATE PAID: _____

_____ **RECORD(S) MAILED**
_____ **RECORD(S) ACCESSED IN OFFICE**

Signature of Legal Custodian

DATE