



# TOWN OF SHELBY

2800 Ward Avenue La Crosse, WI 54601

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🖨 608.788.6840  
✉ info@townofshelbywi.gov  
🌐 www.townofshelbywi.gov  
📘 www.facebook.com/townofshelby

**TO BE COMPLETED BY THE PERSON REQUESTING ACCESS TO OR COPY OF RECORD IN  
POSSESSION OF THE AUTHORITY ON THE TOWN OF SHELBY, LA CROSSE COUNTY,  
WISCONSIN**

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Description of the record(s) to be inspected and/or a copied:

Date and time requested to inspect record: \_\_\_\_\_ or

Date and time requested for copy of record: \_\_\_\_\_

Name of Requester \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number (optional) \_\_\_\_\_

Is any part of the requested record a personnel record of a town employee? Yes/No

If yes, which employee? \_\_\_\_\_

Amount of prepayment paid to the legal custodian \$ \_\_\_\_\_

*This request can be submitted to the Town of Shelby by email to  
[fberg@townofshelbywi.gov](mailto:fberg@townofshelbywi.gov) or mailed to:*

*Town of Shelby  
c/o Custodian of Legal Records  
2800 Ward Ave  
La Crosse, WI 54601*

**TO BE COMPLETED BY THE CUSTODIAN OR DEPUTY OF CUSTODIAN OF RECORD**

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Municipal department, office, or work unit of any authority receiving request:

\_\_\_\_\_

Date and time request received: \_\_\_\_\_

Date and time request completed: \_\_\_\_\_

Was the request acted upon within 10 days? Yes/No

Action taken on request: Approved \_\_\_\_ Partially Approved \_\_\_\_ Denied \_\_\_\_

*\*For denial(s), attach a copy of any statement of the reasons denying access to, a copy of, or other information contained in any public record covered by this request.*

If the requested record was a personnel record, was the town employee notified of the request? Yes \_\_\_\_ No \_\_\_\_

Amount of any prepayment requested \$ \_\_\_\_\_

Amount to be paid by requester \$ \_\_\_\_\_

Reason for fee:

Name and Title of Legal Custodian or Deputy Acting on Request

\_\_\_\_\_

If a personnel record request, the date, name, and address of the town employee notified in writing as to the request and response, if any, received from the employee: \_\_\_\_\_

\_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Date paid \$ \_\_\_\_\_

Paid By: Cash \_\_\_\_ Check \_\_\_\_ All Paid \_\_\_\_