

Exhibit A
ASHLAND COUNTY PUBLIC RECORDS REQUEST FORM

Date: _____ / _____ / _____

TO: Ashland County Public Records Custodian
201 West Main Street Rm 102
Ashland, WI. 54806 publicrecords@co.ashland.wi.us

Please make available for inspection or provide a copy or copies of the following records:
(Please provide a sufficiently detailed description of the record(s) requested to allow the County to search for and identify responsive record)
Requests will NOT be processed unless accompanied by the necessary information.

I wish to arrange an opportunity to personally inspect the requested records.

NOTE: Because state law allows a reasonable amount of time to respond to initial response period, neither this policy, not state law requires the County to make records available immediately upon request, whether the request is made in person or otherwise.

I wish to receive copies of the requested records.

Signature _____

Print Name _____

Organization _____

Address: _____

Phone / Email () - / _____

**** Ashland County will not process records requests without a sufficiently detailed description of the requested records and if applicable, a pre-paid cost estimate.***