

## **Cedarburg Fire Department**

W61 N631 Mequon Ave. • PO Box 327 • Cedarburg, WI 53012 Station − (262)375-7630 • Fax − (262)375-9203

### Public Records Information for Release of Records

**Records Custodian:** Jeffrey J. Vahsholtz, Fire Chief

**Agency:** The Cedarburg Fire Department serves as the primary fire

and rescue agency for the City and Town of Cedarburg.

**Location and Hours:** The Cedarburg Fire Department is a combination department

with many of the members not always available during normal

business hours.

Please feel free to call **(262) 375-7630** and leave a message and someone will get back to you as soon as possible. You may also email our department <u>info@cedarburgfiredept.com</u> or send a request by mail to **P.O. Box 327 Cedarburg, WI 53012**.

<u>Costs:</u> There shall be no charge for locating and processing a record

unless the actual cost exceeds \$50.00, in which case the actual cost shall be determined by the records custodian and billed to

the requestor.

Requests are forwarded to the Records Custodian/Fire Chief for review as to sufficiency and the request is either approved or denied. At the direction of the Chief, public records requests are processed by the administrative staff during regular business hours, which is Monday – Friday between the hours of 8:00am – 4:00pm, excluding holidays.

Requests are processed in accordance with WI Statute 19.35(1) and City of Cedarburg Municipal Code Chapter 3, Sec 3-3-4, 3-3-5, and 3-3-6.

#### Requests for copies of patient care reports need to be directed to:

EMS/MC

Toll-Free: (866) 827-8469

Or online at emsmc.com/patient-portal

Please direct any questions pertaining to public records request to the Fire Chief.

(See Wisconsin Statue 19.34 and City of Cedarburg Municipal Code Chapter 3 for additional information relating to Public Records.)



# **Cedarburg Fire Department**

W61 N631 Mequon Ave. ● PO Box 327 ● Cedarburg, WI 53012 Station – (262)375-7630 ● Fax – (262)375-9203

## **Request for Access to Public Records**

I. To be completed by person requesting access to or copy of records  Date of Request:  Description of record(s) to be inspected and/or a copy made:			
Please note: A request is "deemed sufficient if it reinformation requested. However, a request for a record or length of time represented by the records does not stats.	d without a reasonable limitation as to subject matter		
Name of Requestor:	Phone Number:		
Mailing address of requestor:	·		
Purpose of request:			
Please note: a request may not be refused "because identified or to state the purpose of the request." §19.3 purpose of your request on a voluntary basis. Thank y	35(1)(h), Wis. Stats. You are being asked to list the		
II. To be completed by Custodian or Deputy Custodian of Records			
Date & Time request was received:			
Action taken on Request:	<u></u>		
Approved Approved in part, der	nied in part Denied		
Attach copy of any statement denying access to, a cocovered by this request.	py of, or information contained in any public record		
Signature of Custodian approving release:	<del></del>		
Date/Time record(s) released:	Released by:		