Oneida County Department of Social Services
P.O. Box 400
Rhinelander, WI 54501

RECORD REQUEST FORM

Person, Agency or Organization requesting information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Signature _____
Date

Record Requested:
Description: (must be specific) _____

File Type: ☐ Child Support ☐ Food Stamp ☐ Fuel Asst. ☐ Medical Asst.

☐ Nursing Home ☐ General Relief ☐ Fraud ☐ Juvenile Court

☐ Services ☐ Child Care

- Individual who is Subject of Record: DOB:_____

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to requestor: _____

- If the individual who is the subject of the record is <u>not</u> the requestor or the requestor's minor child under the age of 18, the request must be accompanied by a signed Release of Information form or Court Order signed by the Judge.

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As per Wisconsin Statutes 19.35 (3) a fee may be imposed upon the requestor for a copy of a record which may not exceed the actual, necessary and direct cost of reproduction. Prepayment is required if the fees assessed exceed $5.00. (19.35 (3) (f)).

FEES for copying record: $ 0.10 per sheet
Records on CD/DVD $ 0.20 per CD/DVD

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**Office Use: Number of copies _____ @ 0.10 = _____
Records on CD/DVD _____ @$0.20 = _____
Total charge _____