

<b>Land O' Lakes Public Library</b>	
<b>Title:</b>	Records Retention/Request Policy
<b>Review Cycle:</b>	Every 5 Years
<b>Revision Approval Date:</b>	03/14/2024

## **Records Retention/Request Policy**

### **Introduction**

The administration of public records is essential to operational consistency and public accountability. Therefore, the Land O' Lakes Public Library has adopted a General Record Schedule, to aid in systematic retention and disposition of records, and an Open Records Request Form, to aid in the execution of public records requests.

### **Policy**

The Land O' Lakes Public Library adopts the General Record Schedule for Wisconsin's Public Libraries and Public Library Systems approved by the Wisconsin Public Records Board. The Notification of Adoption is registered with the State Historical Society of Wisconsin. The Library Director is responsible for the administration of this policy. The General Record Schedule is available online at <https://publicrecordsboard.wi.gov/Pages/GRS/LocalUnit.aspx>.

Public records requests should be made to the Library Director during regular library hours. While email is the preferred method of making requests, requests can be made in any format. For your convenience, we have created a form available to assist in making requests, though this form is not required to make a request.

- Email: [director@lol.wislib.org](mailto:director@lol.wislib.org)
- Phone: 715-547-6006
- By mail: P.O. Box 450, Land O' Lakes, WI 54540
- In person: 4242 County Road B, Land O' Lakes, WI 54540

Requested public records shall be produced as promptly as practical without disrupting the regular workflow of the library or taking the director away from their required daily duties.

Requesters will be responsible for fees including any reproduction of records (copying, printing, etc.), delivery (postage, faxing, etc.), and/or staff time. If the location/duplication of requested records takes more than 30 minutes of staff time, the requester may be charged an hourly rate for additional staff time. Requested public records will be provided upon payment of applicable fees.

This document was borrowed heavily from Olson Memorial Library.

Date: \_\_\_\_\_

### Open Records Request Form

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

*Records requested:*

Describe the records requested. Please be as specific as possible about the subject matter and time frame of the records you are seeking. Continuing requests (i.e. requests for records that do not yet exist) are not permitted.

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*Requested delivery method of records*

\_\_\_\_ Hard Copy

\_\_\_\_ Electronic Format

\_\_\_\_ Other (describe: \_\_\_\_\_)

Copies of public records will be provided upon payment of applicable fees.

*There is a statutory prohibition, per Wisconsin §43.30, on release of records that identify an individual who uses a publicly funded library. Public library circulation and patron registration records are exempt from inspection.*