



You may fax, email, or mail this request.

STATE OF WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
Ethics & Accountability Division
212 E. Washington Avenue, 3rd Fl., Madison, WI 53703
phone: (608) 266-8005; fax: (608) 264-9319;
e-mail: gabethics@wi.gov web: http://gab.wi.gov

Request to Examine Statement(s) of Economic Interests

Form with fields: Your name, Telephone number, Street address, City, State, Zip code

- I am making this request solely on my own behalf, independent of any other individual or organization. OR I am making this request on behalf of the individual or organization below.

Form with fields: Name of individual or organization on whose behalf I am making this request, Telephone number, Street address, City, State, Zip code

PLEASE READ

Wisconsin Statutes [§§19.48(8) and 19.55(1)] require the Government Accountability Board to obtain the above information and to notify each official or candidate of the identity of a person examining the filer's Statement of Economic Interests. I understand that use of a fictitious name or address or failure to identify the person on whose behalf the request is made is a violation of law.

Signature _____ Date _____

Table with 3 columns: Name of individual(s) whose Statement is requested, Name of individual's state agency or office, or position sought, Year(s) Filed (Each SEI covers the previous calendar year)

Continue on next page ->

Fee

Statements are \$.25 per page. Electronic copies are \$.25 per .pdf file. Generally, copies requested before noon will be ready for pickup or transmittal the same day by 4:00 p.m.;

Payment - Complete and check payment option.

I have requested a total of _____ Statements. Please contact the GAB to determine the total cost of your request.

- Check (payable to the Wisconsin Government Accountability Board) is in the mail. I will pay when I pick up my order at the Government Accountability Board's office.

Delivery request - Check one.

- Mail to me or e-mail to me. E-mail address: _____ I will pick up my order at the Government Accountability Board's office. Call first to confirm your copies are ready.

Office use only
Notice sent to filer(s) on _____, by fax email mail
ID _____

In accordance with §15.04 (1)(m), Wisconsin Statutes, the Government Accountability Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

