

# TOWN OF FRANKLIN

## OPEN RECORDS REQUEST FORM

Wisconsin Statutes §§19.31–19.39

### REQUESTOR INFORMATION

Name:

Mailing Address:

Phone Number:  Email Address:

### RECORDS REQUESTED (Describe records clearly)

Request Type: ☐ Inspect records only ☐ Request copies

Format Requested: ☐ Electronic ☐ Paper ☐ Either

Notify me if fees exceed (\$):

Signature:  Date:

Submit completed form to:  
Suzi Sevcik, Franklin Clerk  
N1298 Sleepy Hollow Rd.  
Kewaunee, WI 54216  
Email: franklin.clerk.kewaunee@gmail.com  
Phone: 920.362.8299

### FOR TOWN USE ONLY

Date Request Received:  Records Custodian:

Response Date:  Fees Charged (\$):

☐ Granted ☐ Granted in Part ☐ Denied

Reason for Denial (if applicable):