

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):
