

CITY OF ELKHORN
311 SEYMOUR COURT
P.O. BOX 920
ELKHORN, WISCONSIN 53121
262-723-2219
Fax 262-741-5131
www.cityofelkhorn.org

OPEN RECORDS REQUEST

Date of Request:	Requester	rs Phone:		
Requestor's Name:				
Address:				
City:	State:		Zip:	
Records Requested (Be as spec	ific as possible; names	s/dates/locations	s; attach additional	info. if needed):
How do you want to receive]Pickup	Mail	E-mail
Email Address:Additional information or co				
Additional information of co	mments.			
To Be Completed By Approving Auth	·		ceived on:	
Received by: Appro	oved: YesNo_	Aı	ıthority:	
If denied, reason for denial:				

Photocopying Rates according to State Statutes and our Municipal Code:

Standard cost is \$.25 per copy. If locating records exceeds \$50.00 there will be an hourly charge applied. Actual costs will be determined by the City Clerk and billed to the requestor and payable prior to locating of records. If copies larger than 11x17 are requested, out-sourcing will be needed and those charges incurred by the City will also apply to the requestor's total bill. Please note: If requested information is not picked up within 2 weeks after you are notified that it is available, a new request will be required. You will be charged for both searches.