

Date _____

OPEN RECORDS REQUEST

TO: City of Appleton
Inspection Division
100 North Appleton Street
Appleton WI 54911
Phone: (920) 832-6411
Fax: (920) 832-6464

FROM:

Name _____
Address _____

Phone _____

Regarding the property located at: _____

I request the following _____

Number of copies of each document _____