

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 or email [customer.service@appleton.org](mailto:customer.service@appleton.org)

FROM:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Regarding the property located at: \_\_\_\_\_

I request the following \_\_\_\_\_  
\_\_\_\_\_

Number of copies of each document \_\_\_\_\_