

Open Records Request

*This form is to be completed when requesting Village records.
Please submit the completed form to the Village Clerk via USPS
or email to cindy@kronenwetter.org.*



1582 Kronenwetter Drive
Kronenwetter, WI 54455
715-693-4200
www.kronenwetter.org

Date of Request _____

Name _____

Phone Number _____

Street Address _____

City, State, Zip _____

Records Requested (please be as specific as possible: name, dates, location)

Do you wish for the items to be: MAILED or PICKED UP

You may also schedule a time to inspect records. Please call the Village Clerk for an appointment.

Photocopying Rates according to State Statutes and our Municipal Code:

- \$0.25/per page
- If location time exceeds 3-hours, an hourly charge of \$16.23 will apply
- Applicable shipping and/or mailing fees
- Prepayment may be required for record requests greater than \$5.00
- Actual cost of medium used for reproduction (i.e. compact discs)

To Be Completed By Approving Authority:

Received by: _____ Approved: Yes _____ No _____ Authority _____

If denied, reason for denial: _____