Authority: _____

Approved

Denied



Time Stamp:

City Clerk's Office, 9229 W Loomis Rd Franklin, WI 53132 (414) 425-7500

Business Hours: Monday - Friday 8 am – 4:30 pm

REQUEST TO INSPECT AND/OR RECEIVE PUBLIC RECORDS

Date of Request:		Received:	☐ In Person	□ Email	□ Mail	□ Fax	
without delay, fill the request the below listed schedule. calculated as hourly pay rat	dian of public records, and upon st or notify the requestor of denia. The cost of locating responsive e (including fringe benefits) of the ords, per § 19.35(3)(c). A prepayn	l, in accordan records may person(s) loca	ce with § 19.35(be charged if it ating the records	4). The City exceeds \$5	will bill b 60.00, and by the act	ased on I will be ual time	
Name of Person(s) Filing Ro	equest:						
	(First)	(Middle)		(Last)			
Mailing Address:(House Num	ing Address:(House Number & Street)		(Apt/Unit #)				
(City)	(State)	(Z	ip Code)				
Phone Number:	: Email:						
Other Contact Information:							
other contact information.							
Property Address (if applicable):(House Number & Street)		(Apt/Unit #)					
	(City)	(State)	(Z	(ip Code)			
Subject(s) of Record Request:							
How would you like your record(s)?			Office Use Only Routed:				
☐ Personally Inspect ☐ I	Provide Copies/Pick-up in Person						
☐ Email (if possible) ☐ I	Provide Flash Drive/Pick-up in Pe	rson	Total Fee Paid:				



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RESOLUTION NO. 2023-8026

A RESOLUTION TO AMEND RESOLUTION NO. 93-3956, A RESOLUTION ESTABLISHING DOCUMENT REPRODUCTION CHARGES, TO REMOVE A CHARGE NO LONGER BEING APPLIED AND TO ADD THE COST OF FLASH DRIVES

Record Type	<u>Charge</u>	
Photo Copying	\$ 0.15 per page	
	\$ 0.20 per 2-sided page	
Oversized	\$1.00 1st sq. ft., \$0.25 each addnl. sq. ft.	
Computer Reports	\$4.00 plus \$0.10 per page	
Labels	\$4.00 plus \$0.01 per label	
Audio Tapes \$4.00 plus tape cost		
Certification	\$4.00 plus photo copy cost	
Postage	Cost plus materials@ \$	
Flash Drive	\$6.50	
Archival Retrieval Rate	Cost plus materials @ \$	