

**CITY OF ELROY**  
**CITY ADMINISTRATOR**  
225 MAIN STREET  
ELROY, WI 53929

**OPEN RECORDS REQUEST**

I, \_\_\_\_\_ do hereby request to view the following documents/files  
in the office of the City Clerk:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Requested by:

Received by:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please allow (5) five working days for photocopy requests. Photocopies cost \$.25 per page.

Date of Request: \_\_\_\_\_

Paid: \_\_\_\_\_

Initials: \_\_\_\_\_

This information is being provided to you in compliance with the Wisconsin Open Records Law 19.35 and 19.36. To the best of our knowledge, the materials supplied are not trade secrets. However, you may wish to consult your attorney to advise you as to whether or not you may utilize these materials for any purpose, since violation of the Uniform Trade Secrets Act subjects the violator to monetary damages and costs.