

Request for Open Records
Town of Montrose
1341 Diane Avenue, Belleville WI 53508
608-424-3848 office & fax
Email: montrose@chorus.net, Website www.townofmontrose.com

I would like to request the following open records from the Town of Montrose:

_____ Number of copies @ .25 per copy (plus postage if mailed) Total Due_____

Requested by: _____ Date _____

Print Name: _____

Picked up by: _____ Date _____

Print Name: _____

I would like the records sent to me by: mail _____ email _____

If copies are to be mailed, please provide address: _____

FOR OFFICE USE ONLY. DO NOT WRITE IN THE SPACE BELOW.

Date received by Clerk _____ Date requester called: _____