

City of Berlin TID # 15
Façade Improvement Program
Building Improvement Program
Release of Information Letter

Date: _____

To:
City of Berlin
City Clerk
108 North Capron St.
PO Box 272
Berlin, WI 54923

To Whom It May Concern:

I hereby authorize the City of Berlin Common Council permission to share all application materials with all Council Alderpersons who will be reviewing my application. I acknowledge that information provided to the Common Council may be released upon request in compliance with the open record requirements and in accordance with the freedom of information act. I acknowledge that I am to attend the Common Council meeting in which this request will be reviewed and that the City of Berlin will notify me of that meeting.

Name (print): _____

Signature: _____

Date: _____