

## Juneau Police Department

128 E. Cross Street, P. O. Box 85  
Juneau WI 53039  
(920) 386-4810

### **REQUEST FOR OPEN RECORDS**

Wisconsin Open Records Law  
State Statute 19.21

#### **REQUESTOR'S INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

#### **INFORMATION ON RECORD BEING REQUESTED**

Items being requested: \_\_\_\_\_  
Date of accident/incident: \_\_\_\_\_  
Time of accident/incident: \_\_\_\_\_  
Address of accident/incident: \_\_\_\_\_  
Name of parties involved in accident/incident: \_\_\_\_\_  
Juneau Police Dept. complaint/report number (example 14-123): \_\_\_\_\_  
Name of officer that responded to the accident/incident: \_\_\_\_\_  
Number of copies for accident/incident: \_\_\_\_\_

#### **FEES**

Photocopy of any report - \$5.00 (1-5 pages)      Audio CD recording - \$15.00 Per CD  
6 pages and up - .50 cents for each page      Photographs - \$1.00 Per Page

**(Fees must be paid prior to obtaining a report)**

Cash, check and money orders are accepted

If your request has been denied you have the right to a review by Writ of Mandamus or upon application to the District Attorney or the Attorney General.

#### **FOR OFFICE USE ONLY**

Request received by: \_\_\_\_\_ Date received: \_\_\_\_\_  
Incident number(s): \_\_\_\_\_

Approved \_\_\_\_\_ Authority: \_\_\_\_\_

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

Costs:      Duplicating \$ \_\_\_\_\_  
                 Photos: \$ \_\_\_\_\_  
                 Total Costs: \$ \_\_\_\_\_

To submit this form save as a PDF file and then email to [dbeal@cityofjuneauwi.gov](mailto:dbeal@cityofjuneauwi.gov)