

OPEN RECORDS REQUEST

LAKE GENEVA POLICE DEPARTMENT

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Also, please fill in all information requested below. You will be contacted when your request is ready for review or pickup in compliance with s.s. 19.35(4). If no phone number is provided, response will be left for pick up for a period of thirty days.

In making this request, I understand that I will be charged as listed below for the various services requested. There is no cost to view the reports requested.

Requestor's Name:		
Requestor's Address:		
City:	State:	Zip:
Date of Birth:	Phone Number:	
E-mail Address:	Date of Request:	
Specific Records Requested: (Include name and date of birth of persons involved, date and location of incident, and report number , if available)		

Are copies requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Photocopies - \$.25 per page	
<input type="checkbox"/> \$1.00 for mail requests, plus the cost of copies per above	
<input type="checkbox"/> Photos - Digital photos \$5.00 per disk	<input type="checkbox"/> Photos - Printed digital photos \$2.00 per page
<input type="checkbox"/> Videos - DVD of video requested \$5.00 per disk	
<input type="checkbox"/> Audio Recordings - CD of audio requested \$5.00 per disk	

Search hours: Current hourly rate of employee that does the search. Amount not to exceed \$20.00 per hour.

(TO BE COMPLETED BY APPROVING AUTHORITY)

Request approved denied if denied, reason for denial:

Completed by:

How distributed: in person mailed e-mailed

Date released:

Amount Due: