

# OPEN RECORDS REQUEST



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 <b>name</b> and <b>date of birth</b> of persons involved, <b>date</b> and location of incident, and <b>report number</b> , if available)		

<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.

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(TO BE COMPLETED BY APPROVING AUTHORITY)

Accident Report Request Y/N

Accident report released by:

How distributed:  in person  mailed  e-mailed

Completed by:

Approved  denied  if denied, reason for denial:

Date released:

Amount Due: