Report Number(s):_____

Janesville Police Department
Request for Records

Wisconsin Open Records Law – Act 335 – Laws of 1981

Requestor's name: _____ D.O.B. _____

Address: _____ Phone: _____

Date of Request: ____/____/____ Time: _____

Specific records requested: State *specifically* what your request is. (Include name and if possible dates and locations). Birth dates of persons involved are very helpful.

_____

_____

_____

_____

If your request is denied, denial can be reviewed by writ of mandamus procedure upon application to the district attorney of Rock County or the attorney general of the State of Wisconsin

_____

Cost to Requestor: completed by office staff

Pages Copied _____ @ 25¢ per page = $ _____

Search Hours _____ @ _____ Per hour = $ _____

Postage = $ _____

Photographs _____ = $ _____

Video/Audio _____ = $ _____

Total costs: = $ _____

How Received: Mail _____ In Person _____

How Distributed: Mail _____ In Person _____

Employee Filling Request Date: ____/____/____