

Date of request: _____

Dodge County Sheriff's Office

124 West Street

Juneau, WI 53039

Phone: 920-386-3731

OPEN RECORDS REQUEST FORM

REQUESTOR'S INFORMATION

Name: _____

Address: _____

Phone 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: _____

Sheriff's office complaint/report number (example 13-123): _____

Name of deputy that responded to the accident/incident: _____

Additional information on subject matter/timeframe for the request: _____

FEES

Report or Accident Report - electronic: \$2.00 OR paper: \$2.00 plus \$0.25 per add'l page over 8

Audio CD recording - \$5.00

Photo CD - \$5.00

Video - \$10.00 (plus \$0.67 per additional disc)

An authority may require prepayment of any fees imposed if the total amount exceeds \$5.

Approved: _____

Denied: _____

Authorization form: _____

(if applicable)