

## RECORDS REQUEST FORM

Records may be requested by submitting this form. Completed records requests will be mailed or emailed to the requestor, or may be picked up in person at the Sheriff's Office. For the fastest turn-around time, please provide your email address so that we can email your completed request to you.

***Prepayment may be required for requests in excess of \$5 and/or for photos, video or audio records. If prepayment is required, you will receive a bill. Please do not submit prepayment at the time of your request.***

Requestor's Name

Telephone ( ) - FAX: ( ) -

Business Name

E-Mail Address

Mailing Address    Street                      City                      State                      Zip

Requested Subject's Information (if different than above)

Name                      Date of Birth  
First                      Middle                      Last

Record Information

Case #                      Date of Incident:

Record Type: (Pick all that apply)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Police Report                     | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Citation                          | <input type="checkbox"/> Video      |
| <input type="checkbox"/> Mug Shot                          | Resident Phone Records              |
| <input type="checkbox"/> Dane Co. Sheriffs Office Contacts | Resident Messaging Records          |

Any other information that may help us to identify the record you are requesting: