



**PUBLIC RECORDS REQUEST FORM**

Records are available for inspection during the normal business hours of 8:00 am to 4:00 pm (excluding holidays). There is no charge to inspect records, unless the cost to locate the record(s) in question is \$50.00 or more. The cost to buy copies of records is \$1.00 for 1<sup>st</sup> page \$.25 per page after and \$25.00 per CD/DVD. If the total estimated cost of reproduction and/or location of a record exceeds \$5.00, prepayment may be required. All requests will be processed as soon as practicable. Most requests are satisfied within ten business days.

Certain records, or portions of records, retained at 211 N. Grant Street, Rosendale, Wisconsin, are exempt from inspection and/or copying pursuant to Wisconsin State Statutes 19.36(2), 895.50, 905.09 and 905.10, and to the federal Freedom of Information Act. Files or records for non-traffic cases that involve Juveniles as Defendants are open only to the individuals who are specifically authorized in writing to view these records.

**REQUESTOR'S INFORMATION** (please print)

*Preferred Contact Method*

Name: \_\_\_\_\_  
First Name Last Name

Phone:  \_\_\_\_\_

Group: \_\_\_\_\_  
Company or Group Affiliation

Fax:  \_\_\_\_\_

Address: \_\_\_\_\_

Email:  \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Document(s) to be:  Picked Up  Mailed  Emailed  Faxed

Document(s) Requested (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Attach additional sheets if necessary*

Acknowledgement that requester inspected or received a copy of document(s) requested

\_\_\_\_\_  
Signature Date

<b>OFFICE USE ONLY</b>	
Date Request Received: _____, 20____	By: _____
Number of Pages _____ @ \$1.00/ 1 <sup>st</sup> page \$.25/page after	Number of CD's _____ @ \$25.00/CD
Date Paid: _____, 20____	Amount Paid: \$ _____