

VILLAGE OF BROWNSVILLE

POLICE DEPARTMENT

Request for Open Records

Wisconsin Open Records Law State Statute 19.21

REQUESTOR'S INFORMATION:

Date of Request: _____

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

INFORMATION ON RECORD BEING REQUESTED:

Provide information such as items requested, date, names, location, nature of incident & incident number:

Fees: The Brownsville Police Department may bill requestors \$5.00 for each report requested, up to five (5) pages and \$.25 for each page thereafter. Printed Photographs may be charged \$1.00 per page. Any requested video or digital images may be charged up to \$10.00 per disc. Please note that some information requested on a disc may require more than one disc be used. In addition, a location fee may be charged if the cost to locate the record in question is \$50.00 or more. Requests which exceed a total cost of \$5.00 may require prepayment. All Fees must be paid prior to obtaining your request. Cash or check accepted.

Email completed request form to marshal@brownsvillewi.gov and adminpd@brownsvillewi.gov

(Do not write below this line — for office use only)

Date received: _____

Incident number: _____

Approved: _____ Denied: _____

Date: _____

Total Due: \$ _____