

**Village of Brownsville Police Department**

*To Server and Protect*

**Kurt Stuckart**

MARSHAL

Brownsville Police Department  
514 Railroad Street  
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## 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 per 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 \$25.00 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 requests will be processed as soon as practicable and without delay. All Fees must be paid prior to obtaining your request. Cash or check accepted.

If your request is denied, you have the right to a review by Writ of Mandamus or upon application to the District Attorney or the Attorney General.

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

Date received: \_\_\_\_\_

Incident number: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_