

## RECORDS REQUEST FORM

Records may be requested by submitting this form.  
Completed records requests will be mailed to the requestor, or may  
be picked up in person at the Sheriff's Office.

**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:

First Last

Telephone: ( ) - FAX: ( ) -

Business Name:

E-Mail Address \*

Mailing Address: \* Street: City State Zip

Requested Subject's Information (if different than above)

Name: First Middle Last Date of Birth:

Record Information:

Case No: 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: