

TREMPEALEAU COUNTY SHERIFF'S OFFICE
Request for Public Records Made by Phone/ In Person at Sheriff's Office

Date of Request: _____

Name (Not Mandatory): _____

Phone (Not Mandatory): _____ Fax (Not Mandatory): _____

Address (Not Mandatory): _____

STREET ADDRESS/ MAILING ADDRESS

CITY

STATE

ZIP

Type of Record Requested:

☐ Booking Record: Name: _____ DOB: _____

Date of Booking(s): _____

☐ Accident Report (you will receive the State Accident Report only, unless you specify you would like supplemental reports)

☐ Incident Report/Supplemental Reports

☐ Copy of Citation(s)

☐ Audio/Video (specify type of recording you are seeking): _____

☐ Photographs (please mark how you would like to receive the photos)

☐ 1 per page (\$1/page)

☐ 9 per page (approximately 1" x 2") (\$1/page)

☐ CD-R of Digital Photos (\$10)

Date of Incident: _____ Case Number: _____ Deputy: _____

☐ Other (please be specific): _____

How would you like to receive request: ☐ Faxed _____ ☐ Mailed (above address) ☐ Pick up

NOTES: _____

-----**BELOW IS FOR OFFICE USE ONLY**-----

REQUEST TAKEN BY: _____

DATE RESPONSE SENT: _____ FAXED: ☐ MAILED: ☐ OTHER: ☐ _____

RESPONSE: _____

REDACTIONS: YES ☐ (SEE ATTACHED) NO ☐

STATEMENT SENT: ☐ PAID AT TIME OF REQUEST/WINDOW: ☐ FEE WAIVED/NOT REQUIRED: ☐

REASON WAIVED: _____