Genoa City Police Department

OPEN RECORDS REQUEST

Please fill out this form if you are requesting copies of Village records.
Requests exceeding $5.00 must be paid in advance.

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PERSON REQUESTING RECORDS: (Not Required)

NAME: _____DOB: _____
LAST FIRST MI

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

RECORD REQUESTED:

DATE(S) OF INCIDENT: _____ TIME OF INCIDENT: _____

SPECIFIC LOCATION OF INCIDENT: _____
HOUSE#, STREET, CITY, ETC.

INVOLVED PERSON: _____ DOB: _____

DESCRIBE RECORDS REQUESTED: _____

_____

_____

CHARGE FOR RECORDS:
ACCIDENT REPORT: $3.00
ALL OTHER RECORDS: 25¢ per page

☐TO BE MAILED ☐WILL PICK UP _____ ☐FAX TO_____
DATE & TIME

REQUESTS FOR RECORDS WILL BE RESPONDED TO WITHIN 10 BUSINESS DAYS UNLESS OTHER ARRANGEMENTS ARE MADE.

Return this form to:

Voice: 262-279-6252
Fax: 262-279-3289

Genoa City Police Department
P.O. Box 428
715 Walworth Street
Genoa City, WI 53121

DISPOSITION OF REQUEST

☐ COUNTER _____ (DATE) _____ (INITIALS)

☐ FAXED _____ (DATE) _____ (INITIALS)

☐ MAILED _____ (DATE) _____ (INITIALS)

OF PAGES_____ TOTAL CHARGE $_____ EMP #: _____