Waushara County Sheriff’s Office
430 East Division Street  
Wautoma, WI 54982  
Phone: 920-787-3321  
Fax: 920-787-7685

OPEN RECORDS REQUEST

Name_________________________________________ Birth Date____________________

Company Name________________________________ Claim No.____________________

Address_________________________ City____________ State__ Zip________

Phone_________________________ FAX________________________

Case No._________________________

Information Requested

_____Accident Report  _____Officer Report  _____Photos  _____Squad Video

_____911 Call Audio  _____Radio Traffic Audio  _____Witness Statements

Additional Information:________________________________________________________________________

Location of Incident:________________________________________________________________________

Date of Incident:________________________________________________________________________

RETURN BY:  _____Mail  _____FAX  _____Pick Up In Person  *WE DO NOT E-MAIL RECORDS*

COSTS

Photocopies  $1.00 per page
Postage & Handling  Actual Cost ($1.25 minimum)
Faxing  $1.25
Printed Photos  $2.00 each
Photos on CD  $12.00 each
Digital Media (CD, DVD, etc.)  $12.00 each

I understand that the information being requested may be protected by confidential laws prohibiting the documents disclosure under Wisconsin Statutes including, but not limited to Section 19.32 through 19.39 and that if any records are protected under the state statutes (for example ss.19.36) I may not be entitled to copies under the open records law.

I further understand that pursuant to ss.19.35(4) stats., copies of the records requested or a written explanation of the reason(s) the request is being denied will be provided within TEN (10) business days of submitting this request; and – Pursuant to ss.19.35(3) stats., the Waushara County Sheriff’s Department will charge for the actual, necessary and direct cost of reproduction and mailing of the reproduced records.

PROMPT PAYMENT OF SAID COST(S) WILL BE REQUIRED.

Signature_________________________________________ Date____________________