



**Juneau County Sheriff's Office**  
200 Oak Street • Mauston, WI 53948 • (608)847-5649 • Fax: (608)847-9401

**BRENT H. OLESON, SHERIFF • CRAIG H. STUCHLIK, UNDERSHERIFF**

**RECORDS REQUEST FORM**

**Requester's name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
Will Pick-up: \_\_\_\_\_ Call When Ready: \_\_\_\_\_ Mail: \_\_\_\_\_

**RECORD REQUESTED:** (CHECK TYPES)

Incident/Arrest \_\_\_\_\_ Accident \_\_\_\_\_ Traffic Citation \_\_\_\_\_ Jail Records \_\_\_\_\_ 911/Dispatch \_\_\_\_\_

Case Number and/or Date/Time of Incident: \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Records Regarding:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(Last) (First) (Middle)

**Other(s) Involved:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Describe records requested:** \_\_\_\_\_  
\_\_\_\_\_

**The requester must allow the department 10 business days to process the record request.**

**Charges/Processing Fees:**

MV4000 Accident Report: \$2.00 per page \$ \_\_\_\_\_  
Copies of Reports: \$.25 per page \$ \_\_\_\_\_  
Copies of Photos: \$2.00 per photo \$ \_\_\_\_\_  
Laser Color Copies \$2.00 per sheet \$ \_\_\_\_\_  
Copies of Dispatch Tapes: Per CD?DVD \$ \_\_\_\_\_  
Copies of CD/DVD \$5.00 \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

**All costs for copies and photos must be paid prior to release if request totals more than \$5.00** I understand this request will become part of the files maintained by the Juneau County Sheriff's Office and is subject to open records.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Requesting Party)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ OK \_\_\_\_\_ Denied \_\_\_\_\_ Letter \_\_\_\_\_  
Delivered/Mailed by: \_\_\_\_\_ Date: \_\_\_\_\_