



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

BRENT H. OLESON, SHERIFF • ANDY ZOBAL, 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 \$ _____
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: _____