

REQUEST FOR RECORDS

FONTANA POLICE DEPARTMENT
(Under WI Open Records Law-Chapter 335-Laws of 1981)

Requester's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Request Date: _____ Made by Phone: _____ Mail: _____ In Person: _____

Records Requested: _____

Signature: _____

Request Approved: Yes: _____ No: _____ If Denied, Reason: _____

Distribute Date: _____ Mailed: _____ Picked Up: _____

Number of Copies Requested: _____ Cost to Requester: @ \$.25 per page \$ _____

Video @ \$10.00 ea \$ _____

Total: \$ _____

Notice: If your request for records has been denied, you have the right to review by writ of mandamus or upon application to the District Attorney or Attorney General.