



Report Number(s): _____

Town of Beloit Police Department Request for Records

Wisconsin Open Records Law – Act 335 – Laws of 1981

Requestor's name: _____ D.O.B. _____

Address: _____ Phone: _____

Date of Request: ____ / ____ / ____ Time: _____

Specific records requested: State specifically what your request is. (Include name and if possible dates and locations). Birth dates of persons involved are very helpful.

If your request is denied, denial can be reviewed by writ of mandamus procedure upon application to the district attorney of Rock County or the attorney general of the State of Wisconsin

Cost to Requestor: completed by office staff

Pages Copied	_____ @ 25¢ per page	= \$ _____
Search Hours	_____ @ _____ Per hour	= \$ _____
Postage		= \$ _____
Photographs	_____ CD @ \$5.00 each	= \$ _____
Video/Audio	_____ DVD @ \$5.00 each	= \$ _____
Total costs:		= \$ _____

How Received: By Phone: By Mail: In Person:

How Distributed: By Fax: By Mail: In Person:

Employee Filling Request Date: ____ / ____ / ____