



Fontana Police Department

OPEN RECORDS REQUEST

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

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.

DATE OF REQUEST: _____

PERSON REQUESTING RECORDS:

NAME: _____ DOB: _____
LAST FIRST MI

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

RECORD REQUESTED:

DATE(S) OF INCIDENT: _____ TIME OF INCIDENT: _____

SPECIFIC LOCATION OF INCIDENT: _____
HOUSE#, STREET, CITY, ETC.

INVOLVED PERSON: _____ DOB: _____

DESCRIBE RECORDS REQUESTED: _____

CHARGE FOR RECORDS:

Reports: 25¢ per page

VIDEOS: \$10.00/each

TO BE MAILED WILL PICK UP E-MAIL _____

REQUESTS FOR RECORDS WILL BE RESPONDED TO WITHIN 10 BUSINESS DAYS UNLESS OTHER ARRANGEMENTS ARE MADE.

Return this form to: Fontana Police Department police@vi.fontana.wi.gov
P.O. Box 325 fax: 262-275-3855
190 Fontana Blvd
Fontana, WI 53125

DISPOSITION OF REQUEST

COUNTER _____ (DATE) _____ (INITIALS)

E-MAILED _____ (DATE) _____ (INITIALS)

MAILED _____ (DATE) _____ (INITIALS)

OF PAGES _____ TOTAL CHARGE \$ _____