

## **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 REQUESTI	NG RECORDS:				
NAME:				DOB:	
LAST	i I	FIRST	MI		
ADDRESS:				PHONE:	
CITY/STATE/ZIP:					
RECORD REQUEST	ED:				
DATE(S) OF INCIDENT:			TIME OF INCIDENT:		
SPECIFIC LOCATION	OF INCIDENT:				
		HO	USE#, STR	REET, CITY, ETC.	
INVOLVED PERSON:			DOB:		
<b>DESCRIBE</b> RECORD	S REQUESTED:				
REQUESTS FOR REA	WILL PICK UP E-MAI	DED TO W			
Return this form to:	orm to: Fontana Police Department P.O. Box 325 190 Fontana Blvd Fontana, WI 53125		police@vi.fontana.wi.gov fax: 262-275-3855		
DISPOSITION OF RE	EQUEST				
COUNTER	(DATE)		(IN	NTIALS)	
E-MAILED	(DATE)		(IN	NITIALS)	
MAILED	(DATE)		(IN	NITIALS)	
# OF PAGES	TOTAL CHARGE \$				