



Genoa City Police Department

OPEN RECORDS REQUEST

Please fill out this form if you are requesting copies of Village records.
Requests exceeding \$5.00 must be paid in advance.

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PERSON REQUESTING RECORDS: (Not Required)

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:

ACCIDENT REPORT: \$3.00

ALL OTHER RECORDS: 25¢ per page

DVD/FLASH DRIVE: \$20.00

☐ TO BE MAILED ☐ WILL PICK UP _____ ☐ FAX TO _____
DATE & TIME

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

Return this form to: Genoa City Police Department
P.O. Box 428
Voice: 262-279-6252 755 Fellows Road
Fax: 262-279-3289 Genoa City, WI 53121

DISPOSITION OF REQUEST

☐ COUNTER _____ (DATE) _____ (INITIALS)

☐ FAXED _____ (DATE) _____ (INITIALS)

☐ MAILED _____ (DATE) _____ (INITIALS)

OF PAGES _____ TOTAL CHARGE \$ _____ EMP #: _____