



CITY OF MEDFORD POLICE DEPARTMENT
PUBLIC RECORDS REQUEST

E-Mail to: sarah.serrano@co.taylor.wi.us

Fax to: 715-748-3813

In Person: 224 S. Second St. Medford, WI 54451

Date of Request: _____ Case No. _____

Requested by:

Name: _____ DOB: _____

Business (if applicable): _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Incident Information:

Type of Incident: _____

Date & Time of Incident: _____

Location/Address of Incident: _____

Involved Parties: _____ DOB: _____

_____ DOB: _____

Type of Records Requested (please check all that apply)

- Accident Reports
 - Written Reports: Incident & Citations
 - Photos, if available
 - Squad Videos, if available
 - Other _____
- _____

Delivery Method:

- Requestor will pick up requested records in person. (\$3.00 printed materials & \$6.00 for CD/DVD)
- Have requested records faxed to the requestor's number listed. (\$3.00 printed materials)
- Have requested information mailed to the requestor at the address listed above. (\$3.00 printed materials & \$6.00 for CD/DVD)
- Have requested information emailed to the requestor listed above. (Free)

Signature of Requestor

Date

****Please note that if the incident is currently being investigated, no information will be released regarding the case****

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

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- Records request approved
 - Records request denied

Reason: _____

Signature of Records Custodian

Date