ROCK COUNTY SHERIFF'S OFFICE

Request for RECORDS/PHOTOS/CD's/DVD's

A COPY CHARGE APPLIES TO ALL REQUESTED REPORTS WITH TAX AND POSTAGE

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PERSON REQUESTING RECORDS:

NAME: _____ DOB: _____

LAST FIRST MI

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

RECORD(S) REQUESTED: (Check Type)

☐ **Incident** ☐ **Accident** ☐ **Arrest** ☐ **Traffic/Muni Citation** ☐ **Civil Process** ☐ **Photo CD** ☐ **Audio CD** ☐ **Video CD**

☐ **Record Check** ☐ **Other** **INCIDENT NUMBER/CAD NUMBER**: _____

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

SPECIFIC LOCATION OF INCIDENT: _____

Street, House Number, City, etc.

INVOLVED PERSON(s): _____ DOB: _____

_____ DOB: _____

DESCRIBE RECORDS REQUESTED: _____

_____

_____

☐ TO BE MAILED ☐ TO BE FAXED _____

☐ WILL PICK UP ☐ TO BE EMAILED _____

EMPLOYEE TAKING REQUEST: _____ EMPLOYEE NUMBER: _____

APPROVED BY: _____ DATE APPROVED: _____

REQUESTED RECORDS WILL BE DISSEMINATED WITHIN A REASONABLE TIME ACCORDING TO THE LAW REGARDING OPEN RECORDS IN THE STATE OF WISCONSIN. THIS FORM CAN BE MAILED OR EMAILED TO:

Rock County Sheriff's Office Records Department

200 East U.S. Highway 14

Janesville, WI 53545

SOOpenRecords@co.rock.wi.us

OFFICE USE ONLY

SCAN TO:

☐ INCIDENT

☐ DETECTIVE

☐ ACCIDENT

☐ JAIL

FORM UPDATED: 06.03.19