

# MAYVILLE POLICE DEPARTMENT

25 South School Street ♦ PO Box 208 ♦ Mayville, Wisconsin 53050  
(920) 387-7903 • FAX: (920) 387-7918

## Request for Records

*Wisconsin Open Records Law*

*State Statute 19.21*

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing Company: \_\_\_\_\_

Address: \_\_\_\_\_

Describe Record(s) that you are requesting a copy of. Please provide information such as date, names, location and nature of incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many copies of each record? \_\_\_\_\_ Duplicating Cost: \_\_\_\_\_

*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 the Attorney General*

(Do not write below this line – for office use only)

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Incident Number(s): \_\_\_\_\_

Approved: \_\_\_\_\_ Authority: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total Cost: