



Ozaukee County Sheriff's Office

Jim Johnson, Sheriff

262-284-7172 / 262-284-8490 (fax) / www.ozaukeesherriff.com



PUBLIC REQUEST FOR RECORDS FORM

REQUESTOR, PLEASE NOTE:

Under Wisconsin Law, a request for access to a Public Record may not be refused, "because the person making the request is unwilling to be identified or to state the purpose of the request". See S.S. 19.35(1)(i).

If you are requesting a record pertaining to **you**, and request a greater right of access, then **you** must complete the following and provide photo identification.

Name _____ DOB _____

Street Address _____

Post Office/City _____ State _____ Zip _____

Date of Request: _____ Report Number (If Known): _____

Date of Occurrence: _____ Location: _____

Type of Report: (Please \checkmark check the appropriate box):

- ACCIDENT
- INCIDENT
- CITATION
- CONTACT HISTORY
- JAIL RECORDS
- 911 Call
- VIDEO

If Other; Please Describe: _____

Person(s) Involved: Name: _____ DOB: _____

Street Address: _____

Post Office/City: _____ State _____ Zip _____

Additional Information: (If Needed) _____

- REQUEST PERSONAL PICK UP OF RECORDS
- REQUEST RECORDS MAILED/EMAILED (Complete below)

Name _____

Street Address _____

Post Office/City _____ State _____ Zip _____

Phone Number to Contact: (Optional) _____

E-Mail Address: _____

This section to be completed by Ozaukee County Sheriff's Staff:

Record(s) Released: Incident Accident Jail Records Contact History
 Photographs Mug Shot Audio Recording Video Recording

Request Approved: Supervisor _____ Date _____

Clerk Releasing: _____ Date _____

- Mailed
- Person Picked Up
- Email
- Fax
- Copy of I.D. Needed