



# Ozaukee County Sheriff's Office

Jim Johnson, Sheriff

262-284-7172 / 262-284-8490 (fax) / [www.ozaukeesheriff.com](http://www.ozaukeesheriff.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