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www.ci.mequon.wi.us

Police Department

REQUESTOR PLEASE NOTE: *The Mequon Police Department is committed in its response to all requests in accordance with Wisconsin State Statutes. So that we may fully comply with public records law, the person making this request will receive a response within 10 business days. A request may not be refused because the requestor is unwilling to be identified or to state the purpose of the request (§19.35 Wisconsin Statutes).*

For Open Record Law Information access: <https://docs.legis.wisconsin.gov/statutes/statutes/19/II/35>

REQUESTOR INFORMATION (PLEASE PRINT)

DATE OF REQUEST: _____

NAME/FIRM/CORPORATION COMPLETING FORM: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

RECORD INFORMATION (PLEASE PRINT)

DATE OF INCIDENT: _____

CASE NUMBER/DESCRIPTION/NAME OF PARTY INVOLVED: _____

PURPOSE OF REQUEST: _____

RECORDS REQUESTING: (Please check the appropriate boxes/ provided if applicable)

FEES: REPORTS, 25¢ A PAGE/CRASH REPORTS, \$3.00/VIDEOS & PHOTOS, \$15.00 PER DISC/POSTAGE

USB Flash Drive, \$25.00

(CASH OR CHECK ONLY)

☐ INCIDENT REPORT

☐ PHOTOS

☐ CRASH REPORT

☐ BODY/SQUAD VIDEO

☐ CITATION (S)

☐ OTHER: PLEASE DESCRIBE _____

ALL MATERIALS CAN BE PLACED ON A USB FLASH DRIVE FOR \$25.00 (Check Box upon initial request)

AGENCY USE ONLY BELOW THIS LINE

DATE RECEIVED & INITIALS: _____ DATE COMPLETED & INITIALS _____

APPROVED/DENIED & INITIALS: _____ NOTIFICATION DATE: _____

TOTAL COST: FEES: \$ _____ + POSTAGE: \$ _____

TOTAL: \$ _____