



Juneau County Sheriff's Office
200 Oak Street • Mauston, WI 53948 • (608)847-5649 • Fax: (608)847-9401

ANDREW F. ZOBAL, SHERIFF • ZACHARY U. BOARD, UNDERSHERIFF

RECORDS REQUEST FORM

Requester's name: _____
(Last) (First) (Middle)

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Will Pick-up: Call When Ready: Mail: Email

RECORD REQUESTED: (CHECK TYPES)

Incident/Arrest Accident Traffic Citation Jail Records 911/Dispatch

Case Number and/or Date/Time of Incident: _____

Location of Incident: _____

Records Regarding: _____ DOB: _____
(Last) (First) (Middle)

Other(s) Involved: _____
Address: _____ Phone: _____
City/State/Zip: _____

Describe records requested: _____

The requester must allow the department 10 business days to process the record request.

Charges/Processing Fees:

DT4000 Accident Report: \$2.00 \$ _____
Emailed Reports/Pictures: \$.25 per page \$ _____
CD/DVD of audio: \$5.00 \$ _____

TOTAL FEE \$ _____

All costs for copies and photos must be paid prior to release if request totals more than \$5.00 I understand this request will become part of the files maintained by the Juneau County Sheriff's Office and is subject to open records.

Signed: _____ Date: _____
(Signature of Requesting Party)

Reviewed by: _____ Date: _____ OK _____ Denied _____ Letter _____
Delivered/Mailed by: _____ Date: _____