

State Specifically what your request is:			
Incident Number:	Date of Incident:	Location:	
incident Number.	Date of incluent.	Location.	
Are you Requesting Photos and/or Video? (Check all that apply)			
Photos Video			
Please note that the following information is not required, however, may assist with responding to your request.			
Officers involved:			
Persons/Juveniles Involved (Last, First, MI):	Sex/Race:	Date of Birth:	
Are you the legal parent/guardian of the above			
Please note that you are not required to identify yours request will be treated as			
Requester Name:	an anonymous reques	ot.	
4			
Email Address:	Phone Number:		
a /			
Mailing Address:			
manning Additions.			
Signature:	Date:		
Signature.			
How do you wish to receive your records?	 │Email	n Mail	
Requestors Relationship to the Incident/Record: (C		iiiwaii	
☐ Refused ☐ Insurance Company			
Victim	Suspect		
Media	Parent/Spouse of Victim		
Law Firm Representing:			
☐ Witness ☐ Not Involved/Other  If your request is denied, denial can be reviewed by writ of mandamus procedure upon application to the			
district attorney of Rock County or the attorney general of the State of Wisconsin.			
FOR CITY OF JANESVILLE PERSONNEL USE ONLY			
Received by: Date:			
	fficer:	Closed Per:	

FEE SCHEDULE		
Photocopies	\$0.25 / per page	**Pre-payment may be required**
Mail Requests	\$0.66 Postage + applicable photocopy/flash drive fee	**Pre-payment may be required**
Photos/Videos	\$5.00 – Flash drive	**Pre-payment may be required**
Locate Hours	Hourly rate of employee completing the locate.	
Emailed (reports only)	No fee	**If file size is too large, a flash drive will need to be used or paper copies printed**

Janesville Police Department will require a pre-payment if the total cost exceeds \$5.00. If the request exceeds \$50.00 a down payment is required for half of the total cost.