

**ST. FRANCIS MUNICIPAL COURT
PUBLIC RECORDS REQUEST**

Pursuant to Wis. Stat. 19.35(1)(h)(i), requests do not have to be in writing and the requestor is not required to state the purpose of the request, nor identify themselves. However, completion of this form will assist us in processing your request. You will be contacted when your request is ready for review or pick up, in compliance with Wisconsin State Statute 19.35(4). For further information on records request guidelines, please reference: Wisconsin Open Records Law – Wis. Stat. 19.35.

Requester's Name: _____ DOB: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Defendant's Name: _____ DOB: _____

(If Juvenile records are being requested please fill out Juvenile Records Request Form also!)

Specific Records Requested: (If possible, include date of incident, type of charge, citation number, etc.) _____

I am requesting the records be printed and I understand there may be a cost to me for the location and printing of the records, pursuant to Wis. Stat. 19.35(c). *Payment for service is due upon receipt unless otherwise specified. If the cost of preparing the record should exceed \$5.00, prepayment is required.* **(Circle One) YES / NO**

I am requesting an appointment in which I may simply inspect the records at no cost understanding I may not remove records from the viewing room. **(Circle One) YES / NO**

FEES: PHOTOCOPIES \$3.00 for first 3 pages, \$.50 each additional page
DISPOSITIONS ON LETTERHEAD \$.50 for each page after the first page
CD/DVDR \$5.00 per disk PHOTOGRAPHS \$3.25 per page

Signature of Requestor

Date of Request

**** For Office Use Only ****

Request Approved: [] YES [] NO Authority: _____

If redacted/denied, reason: _____

If denied, denial can be reviewed by writ of mandamus procedure or upon application to the District Attorney of this county or the Attorney General of the State of Wisconsin.

Date Distributed/Denied: _____ Method: [] In Person [] Mail [] Email

Fee Imposed: _____