

Horicon Police Department
220 Ellison Street
Horicon WI 53032

REQUEST FOR RECORDS

Wisconsin Open Records Law
State Statute 19.21

Today's Date: _____ Time: _____:_____ am/pm

Your Name: _____ Phone # (_____) _____ - _____

Representing What Company: _____

Address: _____

Describe Record(s) that you are requesting a copy of. Please provide information such as date, names, location and nature of incident:

How many copies of each record? _____

If your request has been denied you have the right to a review by Writ of Mandamus or upon application to the District Attorney or the Attorney General.

(Do not write below this line—For office use only)

Received by: _____ Date received: _____

Incident number(s): _____

Approved _____ Authority: _____

Denied _____ Date: _____

Reason for denial: _____

Costs: Duplicating \$ _____
 Photos \$ _____
 Total Cost \$ _____