



Date of request: _____

Village of Lomira Police Department
425 Water Street
Lomira, WI 53048
Phone: 920-269-4900
Email: dschmidt@villageoflomira.gov

OPEN RECORDS REQUEST FORM

REQUESTOR'S INFORMATION

Name:

Address:

Phone No.:

Fax No.:

E-mail Address:

INFORMATION ON RECORD BEING REQUESTED

Items being requested:

Date of accident/incident:

Time of accident/incident:

Address of accident/incident:

Name of parties involved in accident/incident:

Police department complaint/report number (example 13-123):

Name of officer that responded to the accident/incident:

FEES

Typical requests for accident reports, incident reports, contact records or other photocopies include a \$2.00 reproduction fee. (This is calculated at \$.25 per page plus postage when applicable.) If the cost exceeds \$2.00 you will be notified by e-mail or phone.

Audio CD recording - \$15.00

Photo CD - \$15.00

Video/ICOP - \$25.00

PAYMENT IS APPRECIATED AT THE TIME OF THIS REQUEST.

Cash, check and money orders accepted

FOR OFFICE USE ONLY

Request received by:

Approved

Denied

LPD (10/22)