

La Crosse County Emergency Services

Public Safety Communications & Emergency Management

Law Enforcement Center 333 Vine Street La Crosse, WI 54601-3200

608-785-9634

Fax 608-785-9858

email: 911Supervisors@lacrossecounty.org

OPEN RECORDS REQUEST

Date Request Made	Time	Date Needed By
Requester's Name	Re	equester's Agency
Requester's Address		
Requester's Phone	Requester's email	
Requester need not provide this info	rmation unless required in accordance	with specific provisions of the Wisconsin Open Records Act.
TYPE OF REQUEST: Phone Reco	rding Radio Recording CAD Re	port
Outer		
Date of Record	Time Span Needed	
Incident Number/Jurisdiction	What Evidence Requ Be Specific	lired:
charges may apply depending upon the len charge of \$18.00, will be charged. The fee determined in advance at the time of reque	gth of record to be reproduced. A fee of for photocopies of written documents si st. Depending on the number of copies cessary, the actual cost shall be charge	or duplicate recordings shall be \$15.00 per compact disk. Addition of \$3.00 per page of transcription of recordings, with a minimum thall be .25 cents per side of page. The fee for other copies shall be and type requested, the custodian may require reasonable ed. Other fees may be imposed per County Ordinance Section 5.3 tire prepayment.
	For Office Use	Only