

VILLAGE OF BROWNSVILLE POLICE DEPARTMENT



Brownsville Police Department 514 Railroad Street P.O. Box 308 Brownsville, WI 53006-0308 To serve and protect
Kurt Stuckart
MARSHAL

Cell: 920-583-6800 Office: 920-583-4087 Fax: 920-583-4256 marshal@brownsvillewi.gov

Request for Open Records

Wisconsin Open Records Law State Statute 19.21

REQUESTOR'S INFORMATION:	
Date of Request:	
Name:	
Address:	
Phone Number:	
E-mail Address:	
INFORMATION ON RECORD BEING REQUEST	ED:
Provide information such as items requested, date, names, location, nature of incident & incident number:	
page thereafter. Printed Photographs may be \$10.00 per disc. Please note that some inform location fee may be charged if the cost to location fee.	by bill requestors \$5.00 per each report requested, up to five (5) pages and \$.25 for each to e charged \$1.00 per page. Any requested video or digital images may be charged up to mation requested on a disc may require more than one disc be used. In addition, a cate the record in question is \$50.00 or more. Requests which exceed a total cost of st be paid prior to obtaining your request. Cash or check accepted.
Email completed request form to adminpd@brownsvillewi.gov	
(Do	o not write below this line — for office use only)
Date received:	
Incident number:	
Approved:	Denied:
Date:	
Total Due: \$	