

NAME

City of Madison Police Department

211 S. Carroll Street Madison, Wisconsin 53703

Records Requests Accident Reports
Phone: 608-266-4075 Phone: 608-266-4072
608-266-4969 Fax: 608-267-1117

RECORDS RELEASE REQUEST

Requests may be made in person at the records window or by U.S. Mail only. Please see our list of fees.

Requestor:

COM	MPANY NAME	CLAIM NUMBER IF APPLICABLE
ADD	RESS	
CITY, STATE, ZIP		EMAIL ADDRESS
DAY	TIME PHONE NUMBER	FAX NUMBER
Please send reque	st by: U.S. Mail	FAX Pick-Up Email
Request is being r	made for a copy of the following	City of Madison Police Department record(s):
CASE #	DATE/TIME OF INCIDENT	ADDRESS OF INCIDENT
CASE #	DATE/TIME OF INCIDENT	ADDRESS OF INCIDENT
CASE #	DATE/TIME OF INCIDENT	ADDRESS OF INCIDENT
Other records: (Pl	ease provide a brief description	of the records sought)
Please check here if records need to be Certified: (Additional \$6.00 fee applies for certified copies)		
which may take a		lete their reports. All requests are subject to review plete. If you have not received your report after 14
Prepayment may l	be required on requests exceeding	ng 5 reports or \$5.00.
		For internal use only: Date Received