



City of Madison Police Department

Captain Carl Gloede Information Management and Technology
211 S. Carroll Street
Madison, Wisconsin 53703

Records Requests
Phone: 608-266-4075
608-266-4969

Accident Reports
608-266-4072
Fax: 608-267-1117

RECORDS RELEASE REQUEST

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

Requestor:

Name

Company Name

Claim number if Applicable

Address

City, State, Zip

Email Address

Daytime Phone Number

Fax number

Please send request by: US Mail* _____ Fax _____ Pick up _____ EMail _____
*\$1.00 Added for Postage and Handling

Request is being made for a copy of the following City of Madison Police Department record(s):

Case # Date/Time of Incident Address of Incident

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Other records: (Please 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)

Please allow 5 working days for officers to complete their reports. All requests are subject to review which may take an additional 7 –10 days to complete. If you have not received your report after 14 working days, please call 608-266-4075.

Prepayment may be required on requests exceeding 5 reports or \$5.00.

For Internal Use: Date Received _____