

TREMPEALEAU COUNTY SHERIFF'S OFFICE
Request for Public Records Form

Print and complete this form and mail it, along with the appropriate fees, to:

Trempealeau County Sheriff's Office
Attention: Records Request
PO Box 67
Whitehall, WI 54773

Records to be returned to requestor:

Name: _____ Phone: _____

Address: _____
MAILING ADDRESS CITY STATE ZIP

Type of Record you are requesting:

Booking Record: Name: _____ DOB: _____

Date of Booking(s): _____

Accident Report (you will receive the State Accident Report only, unless you specify you would like supplemental reports) (\$3)

Incident Report/Supplemental Reports

Copy of Citation(s)

Audio/Video (specify type of recording you are seeking): _____

Photographs (please mark how you would like to receive the photos)

1 per page (\$1/page)

9 per page (approximately 1" x 2") (\$1/page)

CD-R of Digital Photos (\$10)

Date of Incident: _____

Case Number (if known): _____

Location of Incident: _____

Person's Involved:

Name: _____ DOB: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Name: _____ DOB: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

Other (please be specific): _____

Any Additional Information: _____

