



Rock County Communications Center

Open Records Request Form

REQUESTOR'S INFORMATION:

NAME (FIRST AND LAST): _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

RELATIONSHIP TO INVOLVED PERSON(S)/INCIDENT _____

EMAIL ADDRESS: _____

RECORD(S) REQUESTED:

INVOLVED PERSON(S): _____ SPECIFIC LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

INCIDENT/REPORT NUMBER (IF AVAILABLE): _____ RESPONDING AGENCY: _____

TYPE OF INCIDENT: _____ COPY OF CALL NOTES: YES NO

TYPE OF RECORD YOU ARE REQUESTING—**PLEASE BE SPECIFIC**. IF REQUESTING AUDIO, YOU **MUST** INDICATE WHAT PORTION OF THE MASTER RECORDING(S) YOU WISH TO HAVE COPIED:

PLEASE EMAIL YOUR COMPLETED FORM TO: faith.quinlan@co.rock.wi.us

IF PREFERRED, THIS FORM MAY BE MAILED, DROPPED OFF, OR FAXED TO:

Rock County Communications Center

3636 N. County Highway F Janesville, WI 53545

FAX: 608-757-5081

- Approved records requests will be sent to the requestor via email. The requestor agrees to pay any and all standard fees if a different method of release is preferred, including but not limited to: self-addressed stamped envelopes, audio CDs, printed copies, etc.
- The Rock County Communications Center does not have authority to release records of which it is not the legal custodian, and must receive prior approval, in writing, from the jurisdiction where the incident occurred. This can result in a delay in the release of records while awaiting confirmation on the records' release status. If denied, specific reasons for the denial will be provided to the requestor.
- Requested records will be disseminated within a reasonable time according to the law regarding open records in the State of Wisconsin.

911 Center Use Only

Today's Date: _____ Time: _____

Employee Taking Request: _____

Agency Approval Contact: _____

Date Sent to Approving Agency: _____

Date Finalized Information Sent to Requestor: _____

Via: _____