

PUBLIC SAFETY
POLICE • FIRE • RESCUE
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Chief



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**REQUEST FOR RECORDS
WISCONSIN OPEN RECORDS LAW**

Requestor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Date of Request: _____ Time: _____ a.m./p.m.

Specific record requested: _____

If your request for records is denied, you have the right to a review by WRIT OF MANDAMUS or upon application to the District Attorney or the Attorney General.

You have ten (10) days to pick up copies of the records requested, once the request is approved. If the records have not been picked up, this request will be filed and a new request must be made with this department.

Please allow a minimum of three (3) business days for your request to be processed.

FOR PUBLIC SAFETY DEPARTMENT USE ONLY

Complaint/Call Number/Type of Records _____

Records picked up/sent: In person _____ By mail _____

Records Received by: _____ Cost: _____

Request approved – Yes _____ No _____ Authorized by: _____

Reason for denial (if applicable): _____

Date records picked up: _____ Amount paid: _____

Records released by: _____