

Village of Summit Police Department Open Records Request

Requested By: _____ Report #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Specific Record(s) Requested: _____

Date of Request: _____ Time: _____ By Mail: _____ Fax: _____ Phone: _____ In Person _____

Date Distributed: _____ Time: _____ By Mail: _____ In Person: _____ Other: _____

Request Approved: _____ Denied: _____ By: _____

Reason for Denial: _____

Fee for reports is \$0.25 per page – Fee for photos/video is \$25.00 per CD/DVD

Pages Copied: _____ @ \$0.25/per page = \$ _____

Photos/Video Copied: _____ @ \$25.00/per CD = \$ _____

Postage: \$ _____

Total Due: \$ _____

Email form to: bwraalstad@summitpdwi.gov