KENOSHA POLICE & SHERIFF'S DEPARTMENTS
Request for Public Records Form

Print this form, complete the top section and mail it to:

Kenosha City/County Joint Services
1000-55th Street
Kenosha, WI 53140

Date of Request:_____ Case Number:_____
Date of Incident:_____ Type of Incident:_____

Type of Record: Accident Incident Jail Records
Record's Check Incident Name Listing Photographs
VHS Video Audio Cassette
Other:_____

Location of Incident:_____

Person(s) Involved: Name:_____D.O.B._____
Address:_____
City:_____State:_____Zip:_____

Name:_____D.O.B._____
Address:_____
City:_____State:_____Zip:_____
Additional Information:_____
_____

Records to be returned to:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Telephone No.(_____)_____

This section for Communications/ID Bureau use only.

Release of record is: Authorized Not Authorized

Records released by:_____Date:_____