



Tomah Police Department
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Chief of Police

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TOMAH POLICE DEPARTMENT
PUBLIC RECORD REQUEST FORM

DATE OF REQUEST _____ CASE NUMBER _____

REQUESTOR'S NAME _____

ADDRESS TO MAIL REPORT TO _____

PHONE NUMBER _____

REQUEST FOR _____ INCIDENT REPORT \$5.00 _____ SQUAD VIDEO \$20.00

_____ ACCIDENT REPORT \$5.00 _____ PICTURES \$10.00

_____ MUVI VIDEO \$20.00

DATE OF INCIDENT/ACCIDENT _____

TIME OF INCIDENT/ACCIDENT _____

LOCATION OF INCIDENT/ACCIDENT _____

NAMES OF PERSON(S) INVOLVED _____

A FEE WILL BE CHARGED FOR ALL REQUESTS. PREPAYMENT IS REQUIRED
PRIOR TO REQUESTED INFORMATION BEING SENT.

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Date Filed _____

Charge _____

Reason Denied _____