



## **Marshal's Records Request**

Marshal's Office, 416 Fredonia Ave  
PO Box 159  
Fredonia, Wisconsin 53021  
(262) 692-9125  
<https://www.fredoniawi.gov/>

Date Received	
Date Fulfilled	
Total Fee	

\*\*\*Fee \$3.00 for the first page and \$.25 for each additional page\*\*\*

### **Applicant's Information**

Applicant's Name	
Address	
City, State, Zip Code	
Phone Number	
Email	

### **Information Requested**

<input type="radio"/> Complaint Report	<input type="radio"/> Arrest Report	<input type="radio"/> Accident Report
<input type="radio"/> General Police Record	<input type="radio"/> Criminal Complaint	<input type="radio"/> Other

### **Person(s) Involved in Requested Reports**

Name	
Report Number	
Date of Incident	

Applicant Signature		Date	
Officer Signature		Date	

### **\*\*\*For Department Use Only\*\*\***

Information Released:
Information Not Released:
Reason For Denial of Request:
Other Processing Request: