

Open Records Request

Open Records Requests are subject to the Open Records Laws covered in Chapter 19, Wis. Stats. The Sparta Police Department strives to honor each request, but the status of a case or safety concerns may result in a denial.

By filling out the request form, you are submitting an Open Records Request to the Sparta Police Department. We will only provide records that we are the custodian for. As of January 1, 2021 the Sparta Police Department is making the following changes to its public records request process:

- [Crash reports should be requested via the DOT website.](#)
- All other requests for records can be made on our website, by email (jerickson@spartawisconsin.org), by phone, or in person.
- All reports can be sent via email or provided in hard copy by mail or for pick-up. Reports are \$0.25 per page regardless of format, plus postage if mailed.
- Videos are \$20.
- Photographs are \$10.
- All requests are subject to staff time fee or the rate for an actual, necessary, direct charge for staff time based on the pay of the lowest paid employee capable of performing the task, currently \$21.52 per hour.
- Pre-payment is required for any request over \$5.00 and we will begin processing your request once payment is received. Payment can be made online (spartawisconsin.org), by mail, or in person at the department.
- **Any reports or other requested items not picked-up within 7 days will be destroyed.**
- **If requesting photos and/or videos, a link will be provided by email. That link will be valid for 5 days. Failure to use the link within the 5 day time period will require a new open record request form to be submitted and payment of applicable fees for the additional request.**

Requests may take up to ten (10) days to complete.

Please include as much information with your request as possible.

If you have requested a report and been given an invoice number and cost, you may pay here:

Invoice Number Name

Phone Number

Please complete the following form to submit your open records request:

You must have JavaScript enabled to use this form.

Requestor's Name

Requestor's Address

Address

City/Town

State/Province

- Select -



ZIP/Postal Code

Requestor's Phone

Requestor's Email Address

Items Requested

First Individual's Full Name

First Individual's Date of Birth

Second Individual's Full Name

Second Individual's Date of Birth

Location of Incident

Date of Incident

How would you like to receive the report?

Email

Pick Up

Mail

Fax

Other...

Enter other...

Submit