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TOMAH POLICE DEPARTMENT
PUBLIC RECORD REQUEST FORM

DATE OF REQUEST _____

REQUESTOR'S NAME _____

ADDRESS TO MAIL REPORT TO _____

PHONE NUMBER _____

REQUEST FOR _____ Incident Report
_____ Accident Report

DATE OF INCIDENT/ACCIDENT _____

TIME OF INCIDENT/ACCIDENT _____

LOCATION OF INCIDENT/ACCIDENT _____

NAMES OF PERSONS(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 _____

Rev 5/08

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