



WESTBY POLICE DEPARTMENT
200 N. MAIN ST.
(608)634-4411



CHIEF SCOTT C. STUBER

DATE OF REQUEST: _____ CASE NUMBER: _____

REQUESTOR'S NAME: _____

REQUESTOR'S ADDRESS: _____

REQUESTOR'S EMAIL: _____

PHONE NUMBER: _____

REQUEST FOR: _____

INCIDENT/ACCIDENT REPORT: **\$5.00**

SQUAD/BODY CAMERA VIDEO: **\$20.00**

PICTURES: **\$10.00**

DATE/TIME OF INCIDENT/ACCIDENT: _____

LOCATION OF INCIDENT/ACCIDENT: _____

NAMES OF PERSON(S) INVOLVED: _____

DATE FILED: _____

CHARGE: _____

REASON DENIED: _____

Email request to: stuber@cityofwestby.org or mail to the address above.