Columbia County Sheriff's Office
Wisconsin Statute § 19.35(3)(h)
Exception Designation and Certification Form

The Columbia County Sheriff's Office charges redaction fees to records requesters when permitted by law. The redaction fees shall be reasonable and shall not exceed the actual, necessary, and direct cost of the redaction time. The redaction fee shall be based on the pay rate of the lowest-paid employee capable of performing the task. The Columbia County Sheriff's Office will not fulfill the request for records involving recorded audio and video content until the estimate of costs identified in the written fee estimate is paid by the requester. As the written estimate is an estimate of the time needed to complete redactions, it is possible that actual costs may exceed the estimate. If after redactions are completed, the actual costs exceed the estimate, the excess will need to be paid prior to the records being released.

The requester is responsible for providing sufficient information for the records custodian to determine whether an exception under Wis. Stat. § 19.35(3)(h) prohibits the Columbia County Sheriff's Office from charging redaction fees.

You are not required to provide your name, contact information, or proof of identification. However, if no name, contact information, or proof of identification is provided, then the Columbia County Sheriff's Office will be unable to verify that an exemption to the redaction fee is available.

Requester name: _____

Records Requested:_____

___ Yes ___ No   I was an individual directly involved in the event to which the requested records relate.

If yes, then please explain how you were directly involved in the event to which the requested records relate:

_____

_____

___ Yes ___ No   I am the attorney or authorized representative of an individual directly involved in the event to which the requested records relate.

If yes, then please explain who this individual is and how this individual was directly involved in the event to which the requested records relate:

_____

_____

___ Yes ___ No   I am the parent or guardian of an individual under the age of 18 who was directly involved in the event to which the requested records relate.

If yes, then please explain who this individual is and how this individual was directly involved in the event to which the requested records relate:

_____

_____

___ Yes ___ No   Do the requested records containing recorded audio or video content involve an event that relates to a shooting involving an officer of a law enforcement agency?

If the answer to all of the preceding questions is "No," then complete the rest of this form.

___ Yes ___ No   In this calendar year 202__, I have made fewer than ten requests for records containing recorded audio or video content with this authority, in this case, the Columbia County Sheriff's Office under authority of the Sheriff as defined in Wis. Stat. § 19.32(1).

Certification and Understanding of Consequences for False Certification: I hereby certify as follows, with full knowledge of the legal consequences identified in Wis. Stat. § 19.35(3)(h)3a for false certification, including prosecution of me and a forfeiture of up to $10,000.00 for each violation by me. Wisconsin Statute § 19.35(3)(h)3a specifically provides: **3. An authority may not impose the fee under subd. 2. with respect to a request for records containing audio or video content for which all of the following apply:**

> **a. If the requester is an individual, the requester provides written certification to the authority that the requester will not use the audio or video content for financial gain, not including an award of damages in a civil action. Any individual providing a false certification under this subd. 3. a. shall be subject to a forfeiture of $10,000 for each violation.**

___ Yes ___ No   I am requesting the records containing recorded audio or video content solely for pursuit of an award of damages in a civil action and for no other financial gain.

___ Yes ___ No   I will not use the recorded audio or video content disclosed to me for financial gain.

Certification Signature of the requester: _____

Date: _____

Full name: _____

Contact information: _____

Identification provided: _____