

PROCEDURE FOR REQUESTING POLICE REPORTS
(Please Print Clearly)

Person/Business making the request: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax Number _____

I would prefer to:

- Pick up the requested information in person _____
- Have the requested information mailed to the above address _____
- Have the requested information faxed to the number above _____

Person (full name and date of birth) / Business involved:

Date and time of occurrence: _____

Location of Incident (specific): _____

Incident Report Number (if known): _____

Type of Report (Circle One): Accident Report or Incident Report (theft, vandalism, etc.)

Please allow 5 to 10 working days for your request to be processed

Fees:	Photocopy(ies) \$.05 per page (black)	Squad DVD.....\$.30
	Photocopy(ies) \$.09 per page (color)	Double Layer DVD.....\$1.00
	CD.....\$.20	Blu Ray Disc.....\$1.00
	DVD.....\$.25	Double Layer Blu Ray \$2.75

For any costs over \$5.00 you will be contacted and required to pre-pay. If locating costs exceed \$50.00, the requestor will pay these additional charges.

INDIVIDUALS REQUESTING REPORTS CONTAINING JUVENILE INFORMATION
MUST COMPLETE THE ENTIRE FORM ON THE FOLLOWING PAGE.

PLEASE SIGN THIS FORM ON THE FOLLOWING PAGE.

Juvenile reports may be released to the following persons subject to departmental policy. To allow us to appropriately review your request, please check all the following that apply. Documentation will be required prior to the release of information requested. Juvenile records will not be sent by mail or faxed. A photo ID will be required to pick up the report.

I am:

- _____ Biological Parent
- _____ Guardian named by the court (provide documentation)
- _____ Legal Custodian given by court order (provide documentation)
- _____ Non-marital biological father
- _____ Juvenile (14 yrs. of age or older) – requesting one’s own report
- _____ Victim of the juvenile’s act (for sole purpose of recovering injury, damage or loss suffered as a result of the juvenile act)
- _____ Victim’s insurer (when court ordered restitution has not been made within one year – for the sole purpose of investigating the claim. provide documentation)
- _____ Insurance Company and/or representative Attorney – with a signed/written release from the Juvenile’s parent, guardian or legal custodian (provide documentation)

If you are a parent: My parental rights (have) (have not) been terminated (circle one).

Signature of Person Requesting the Report	Date
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OFFICE USE

Form of identification: DL State ID Other: _____

Initials of person releasing records: _____

Request approved: _____ Request Denied: _____ By: _____

Reason Denied: _____

Persons denied access to Juvenile records should contact the Clerk of Courts to Petition the court for access to the report/records.

Open records request denials are subject to review in an act of Mandamus under section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.

RETAIN PHOTO COPIES OF ALL OPEN RECORDS REQUESTS.