



FOX VALLEY METRO POLICE DEPARTMENT

Request for Public Records Form

In order to efficiently locate the record(s) you are requesting, please provide as much detailed information that is available or known in regard to the record of interest. This form is not required by law and you may refuse to complete it, however, it is used to assist in locating your record and fulfilling your request in a timely manner.

Incident Number: _____ Location of Incident: _____

Date of Incident: _____ Type of Incident: _____

Type of Record(s): Accident Report Narrative/Incident Report
 Other (must list specific record requested): _____

Person(s) Involved: Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Request: _____

Records Requested By:

Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Relation to person(s) involved if requesting a juvenile record: _____

The department shall respond to records requests as soon as practicable, as outlined in §19.35(4) (a), Wis. Stats. Absent exceptional circumstances, a request should be fulfilled within 10 business days after completion and acceptance of the incident. Should completion of the request take longer than 10 business days, the requestor will be notified. The actual, necessary, and direct costs of reproduction of records shall be assessed and must be paid prior to the record being released.

Signature of requestor: _____ Date: _____

(If submitting as a fillable document, indicate your acceptance by entering your initials on the signature line)

THIS SECTION IS FOR DEPARTMENT USE ONLY

Date request received: _____ By: _____ Release of Record is: Authorized Not Authorized

Records released by: _____ Date: _____