

Record(s) Request Form

PERSON REQUESTING RECORDS: _____ Verbal _____ Written

Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial)

Address: _____ Phone: _____

City/State/Zip: _____

Will Pick up: _____ Call when Ready: _____ Mail: _____

RECORD REQUESTED: *(Check all that apply)*

Incident/Arrest _____ Accident _____ Traffic Citation _____ Ordinance Citation _____

Case Number and/or Date/Time of Incident: _____

Location of Incident: _____

Records are regarding: _____ DOB: _____
(Last) (First) Middle Initial

Description of Record(s) requested: _____

The requester must allow the Elroy Police Department 10 business day.

Cost of all copies will be charged based off of the City of Elroy's current fee schedule for copies.

Total amount due for requested report(s): _____

All cost for copies must be paid prior to release if requested totals is more than \$5.00.

I understand this request will become part of the files maintained by the Elroy Police Department and is subject to Wisconsin Public Record Laws.

Signed: _____ Date: _____
(Signature of requesting party)

REVIEWED BY: _____ Date: _____ Approve _____ Deny _____ Letter _____

DELIVERED MAILED/BY: _____ Date: _____