

# **NEW HOLSTEIN POLICE DEPARTMENT OPEN RECORDS REQUEST FORM**

INCIDENT #: \_\_\_\_\_ TYPE OF REPORT: INCIDENT / ACCIDENT / OTHER (Circle One)

LOCATION: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IDENTIFIED BY: DRIVER'S LICENSE / VERBAL / OTHER: \_\_\_\_\_ (Circle One)

ADDITIONAL INFORMATION: (Include names of persons involved in the incident or your request) \_\_\_\_\_

**NOTE: ALL juvenile records are closed to inspection and the New Holstein Police Department will neither confirm nor deny that any such record exists.**

## **DEPARTMENT USE**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIVED BY: \_\_\_\_\_

HOW RECEIVED: IN PERSON / MAIL / FAX / OTHER: \_\_\_\_\_ (Circle One)

REQUEST REVIEWED BY: \_\_\_\_\_ RANK: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUEST: APPROVED / DENIED (Circle One)

BASIS FOR DENIAL / ADDITIONAL INFORMATION: \_\_\_\_\_

PAGES PROVIDED: \_\_\_\_\_ FEE PAID: YES / NO RECEIPT: # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ (Signature) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* THIS FORM IS TO BE PLACED IN THE POLICE DEPARTMENT'S OPEN RECORDS REQUEST FILE AND IS TO BE MAINTAINED AS AN OFFICIAL LOCAL GOVERNMENT (POLICE) RECORD \***

NOTE: Persons requesting access to records of the City of New Holstein Police Department will be asked to complete this request form; however completion of this request form is not a requirement for access to official records kept in the normal course of business by the City of New Holstein Police Department. Release of records is subject to all applicable rules governing such release as noted in WI Statutes.