

**REQUEST FOR POYNETTE POLICE DEPARTMENT RECORDS**

Person/Business making the Request: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The requested information must be picked up in person.

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

\_\_\_\_\_

Date and time of occurrence: \_\_\_\_\_

Location of Incident (specific): \_\_\_\_\_

Incident Report Number (if known): \_\_\_\_\_

Type of Report (Circle One): Accident/Incident Report (Theft, Damage to Property, etc.)

Date of Request: \_\_\_\_\_

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

Fees:	Accident Reports:	\$3.50
	Incident Reports:	.25 per page
	Mailed Reports:	\$2.00 (plus duplicating costs)

If it is anticipated that the cost of locating records for your request will exceed \$50.00, you will be contacted and required to pre-pay the estimated cost of the location and reproduction of the records. If the cost of reproduction is expected to exceed \$50.00, you may be contacted and requested to pre-pay those costs.

If the cost of reproduction of the records which you have requested is expected to exceed \$5.00, you may be contacted and requested to pre-pay those costs.

**INDIVIDUALS REQUESTING REPORTS CONTAINING JUVENILE INFORMATION MUST COMPLETE THE ENTIRE FORM.**

Juvenile Reports may be released to the following persons subject to departmental policy. To allow us to appropriately review your request, please check all of the following that apply. Documentation will be required prior to the release of information requested.

I am:

- \_\_\_\_\_ Biological Parent
- \_\_\_\_\_ Guardian named by court
- \_\_\_\_\_ Legal Custodian given legal custody of the child by court order
- \_\_\_\_\_ Husband who has consented to artificial insemination of wife
- \_\_\_\_\_ Parent by adoption
- \_\_\_\_\_ Non-marital biological father, where the child has not been adopted
- \_\_\_\_\_ Juvenile (14 yrs of age or older) – requesting ones own report
- \_\_\_\_\_ Victim of the juvenile’s act (for the sole purpose of recovering injury, damage or loss suffered as a result of the juveniles act)
- \_\_\_\_\_ Victim’s insurer (when court ordered restitution has not been made within 1 year – for the sole purpose of investigating the claim)
- \_\_\_\_\_ Insurance Company and/or representing Attorney – with a signed/written release from the Juvenile’s parent, guardian, or legal custodian.

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

Form of identification/Initials of person releasing records:

**Signature of Person requesting Report** \_\_\_\_\_  
(Need to show a photo ID to pick up report, Juvenile records will not be sent by mail.)

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**OFFICE USE**

**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/record.**

**Open Records Request denials are subject to review in tan act of Mandamus under section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.**

**RETAIN PHOTOCOPIES OF ALL OPEN RECORDS REQUESTS.**

