



# FOX VALLEY METRO POLICE DEPARTMENT

## Request for Public Records Form

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. Should a request take longer to fulfill, the requestor shall be notified of the reason for the delay and provided with an estimated date of completion. The actual, necessary, and direct costs of reproduction of records shall be assessed.

Date of Request: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

Type of Record(s):  Accident Report  Narrative Report  Associated Documents  
 Video  Written Statements  Digital Images  
 Other: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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: \_\_\_\_\_

---

### THIS SECTION IS FOR DEPARTMENT USE ONLY

Release of Record is:  Authorized  Not Authorized

Records Release By: \_\_\_\_\_ Date: \_\_\_\_\_