



City of
SHEBOYGAN FALLS
Police Department

REQUEST FOR RECORDS

Today's Date: _____

Please be advised that you have requested records under the State of Wisconsin Open Records Statutes. Portions if not all of the requested records may contain information or information derived from the records of the State of Wisconsin Department of Transportation, the release of which is governed by the provisions in the Federal Drivers Personal Protection Act (DPPA-Title 18, USC, SS 2721-2725). These records are not able to be released unless exempted by law.

To make the determination if your request falls under the exemptions a review by the Custodian of Records must to be made. To facilitate please provide the following information:

Name: _____

Address: _____

Phone: _____

I am requesting the following information/ record for:

Date of Occurrence: _____

Type of Incident: _____

Location of Incident: _____

Individual(s) Involved: _____

Please be advised after review you will be notified within the allotted time by law. Please also be advised that records released to you may have significant identifying information redacted to include names, addresses, dates of birth, phone numbers and other personal identifiers.

Office Use Only:

Prepared by: _____ On _____ Amount: _____

Approval: _____

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

Juvenile reports may be released to the following persons subject to departmental policy. To allow us to appropriately review your request, please check all the following that apply. Documentation will be required prior to release of information requested. Juvenile records **will not** be sent by mail or faxed. A photo ID will be required to pick up the report.

I am:

- Biological Parent
- Guardian named by the court (provide documentation)
- Legal Custodian given by court order (provide documentation)
- Non-marital biological father
- Juvenile (14 yrs. Of age or older) – requesting one’s own report
- Victim of the juvenile’s act (for sole purpose of recovering injury, damage Or loss suffered as a result of the juvenile act.)
- Victim’s insurer (when court ordered restitution has not been made within one year – for sole purpose of investigating the claim. Provide documentation.)
- Insurance Company and/or Representative Attorney – with a signed/written Release from the Juvenile’s parent, guardian or legal custodian (provide Documentation)

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

_____ Signature of Person Requesting the Report _____ Date

OFFICE USE

Form of identification: DL State ID Other: _____

Initials of person releasing records: _____

Request Approved: _____ Request Denied: _____

Reason Denied: _____

Open records request denials are subject to review in an act of Mandamus under section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.