

# REQUEST FOR RECORDS

DATE OF REQUEST: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_

**PERSON REQUESTING RECORDS:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**RECORD REQUESTED:**

DATE(S) OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

SPECIFIC LOCATION OF INCIDENT: \_\_\_\_\_

INVOLVED PERSON: \_\_\_\_\_ DOB: \_\_\_\_\_

**DESCRIBE** RECORDS REQUESTED: \_\_\_\_\_

**CHARGE FOR RECORDS:**

ACCIDENT REPORT: \$3.00

ALL OTHER RECORDS: 25¢ per page

TO BE MAILED  WILL PICK UP \_\_\_\_\_  FAX TO \_\_\_\_\_  
DATE & TIME

**REQUESTS FOR RECORDS WILL BE RESPONDED TO WITHIN 10 BUSINESS DAYS UNLESS  
OTHER ARRANGEMENTS ARE MADE.**

Return this form to: Town of East Troy Police Department – Records Dept.  
P.O. Box 664, East Troy, WI 53120  
Phone: 262-642-3700  
Fax: 262-642-9701

**DISPOSITION OF REQUEST**

COUNTER \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

FAXED \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

MAILED \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

# OF PAGES \_\_\_\_\_ TOTAL CHARGE \$ \_\_\_\_\_