

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: \$5.00

COMPACT DISKS: \$10.00 each

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 \$ _____