

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

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**CHARGE FOR RECORDS:**

ACCIDENT REPORT: \$5.00

COMPACT DISCS/FLASH DRIVE: \$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**

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**DISPOSITION OF REQUEST**

[ ] COUNTER \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

[ ] FAXED \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

[ ] MAILED \_\_\_\_\_ (DATE) \_\_\_\_\_ (INITIALS)

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