



## TOWN OF EAST TROY POLICE DEPARTMENT

N9330 Stewart School Rd.  
PO Box 664  
East Troy, WI 53120  
Non-emergency 262.642.3700  
fax 262.642.9701

### **Open Records Request**

Fill in all information requested. Please be as specific as possible. You will be contacted when your request is ready for pick up in accordance with s.s. 19.35(4). If no phone number is provided, your request will be left for pickup for a period of 7 days. If the requested information is not picked up within 7 days, a new request will be required and you will be charged for both record searches prior to being provided copies of your requests.

*In making this request, I understand that I may be charged in accordance with the Town of East Troy Police Department fee schedule for the various services requested.*

DATE OF REQUEST: \_\_\_/\_\_\_/\_\_\_ TIME OF REQUEST: \_\_\_:\_\_\_ AM / PM

DATE/TIME RECEIVED: \_\_\_\_\_ AM / PM

#### **PERSON REQUESTING RECORDS:**

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

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_) \_\_\_\_\_

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

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

#### **RECORDS REQUESTED:**

#### **INCIDENT #.**

DATE OF INCIDENT: \_\_\_/\_\_\_/\_\_\_ TIME OF INCIDENT: \_\_\_/\_\_\_ AM / PM

SPECIFIC LOCATION OF INCIDENT (HOUSE #, STREET, CITY, ETC.):  
\_\_\_\_\_

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NAME OF INVOLVED PERSON: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

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

#### **DISPOSITION OF REQUEST**

APPROVED: YES / NO MAILED / PICKUP \_\_\_/\_\_\_/\_\_\_ # OF PAGES \_\_\_\_\_

TOTAL CHARGE: \$ \_\_\_\_\_ EMPLOYEE INITIALS: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

## **Open Records Requests**

Police records are covered under The Wisconsin Public Records Act and considered available to the public. The police department has an Open Records Request form which may be submitted:

- in person
- by mail: Town of East Troy Police Dept, PO Box 664, East Troy, WI 53120
- Fax 262-642-9701
- email [townofeasttroydpd@townofeasttroy.com](mailto:townofeasttroydpd@townofeasttroy.com)

If you choose to email your request, please include (if possible) type of incident, name (s), date, time and address of the report you are trying to obtain. Most requests will be filed within 5-10 business days (excluding Saturday, Sunday, and holidays). By law, certain information may be redacted to protect the privacy of juveniles and victims. No record will be available to the public until the report has been reviewed by a supervisor. If the report you are requesting is currently under investigation, the report will not be released until the file is closed. Please see below for fees.

## **Accident Reports**

If you are requesting an accident report, please be advised that your insurance company will request and pay for the records. If you still need a copy, you will have to submit an Open Records Request form or email your request to [townofeasttroydpd@townofeasttroy.com](mailto:townofeasttroydpd@townofeasttroy.com) Please include driver name(s), date and location of incident. Please see below for the fees.

## **Fees for Records**

\$0.25 per page

\$5.00 motor vehicle crash report – Form DT4000

\$0.25 for any additional pages for the crash report

\$10.00 DVD/Flash Drive per each

Any report which is estimated to cost over \$5.00 must be prepaid before the records assembly preparation will begin.

***ACTUAL COST OF POSTAGE OR \$1.00, WHICHEVER IS GREATER, WILL BE ADDED FOR MAILED REQUESTS IN ADDITION TO THE COST OF THE COPIES PER THE FEE SCHEDULE ABOVE.***

***IF SEARCH HOURS ARE NEEDED: CURRENT HOURLY RATE OF THE EMPLOYEE DOING THE SEARCH WILL BE ADDED.***