

OPEN RECORDS REQUEST

A request for information from the Brandon-Fairwater Police Department

Phone: 920-346-5555 Fax: 920-346-2984

* Requester Name _____ * Phone No. _____

* Requester Address _____

* This information need not be provided on this request unless required in accordance with specific provisions of the Open Records Act. Refer to WI SS 19.31. If this concerns you, a copy of such law can be viewed at your local library.

Date of Request _____

An open record request may take up to 10 business days due to volume of requests or the extent of the information requested. If you are not in need of the information within 10 days, enter the date you wish to have the information by: ____/____/____

PLEASE BE SPECIFIC WITH YOUR OPEN RECORDS REQUEST. GIVE NAME(S), ADDRESS(ES), BIRTH DATE(S) OF THE INCIDENT(S), CALL/CRIME TYPE(S), AND/OR CASE NUMBER, ETC. WHEN POSSIBLE TO NARROW OUR SEARCH.

SIGNATURE: _____ **DATE:** _____

Copy & related costs: WI Motor Vehicle Crash Report (Form DT4000): \$7.00
Releasable Reports: .25 per page
Faxing Reports: \$2.00 plus .25 per page
Mailing Reports: \$1.00 plus .25 per page
Photos: Cost of reprints
Audio/Video: Case by case basis

If the records custodian determines that your request is to be denied in whole or part, you have the right to appeal through the Court Process. Refer to Records Act SS 19.37 (1)

OFFICE USE ONLY:

Request approved by _____ on _____
Request denied in _____ part or _____ whole by _____ on _____

REASON FOR DENIAL:

- ____ Personal identified not released per privacy exemptions to Open Records.
- ____ Juvenile data not released per Federal and/or State Law.
- ____ Medical data not released per Federal and/or State law.
- ____ The report is an open investigation, which contains information that may compromise the investigation if released.
- ____ Other