



RECORDS RELEASE REQUEST

File Number: _____

TO: Custodian of Records

Per the Wisconsin Statutes Open Records law, § 19.31 through 19.39, I am requesting copies of the following records.

1. Police report(s), traffic accident report _____ (describe)
2. Database report listing all "adult" contacts with _____ (name, sex, race, date of birth)
from _____ to _____ (date) (date)
3. Database report of all Police contacts at _____ (address in Village of Hales Corners)
from _____ to _____ (date) (date)
4. Photos taken during accident/incident _____ (describe incident)
5. Other _____ (use back of form or blank sheet if needed)

Name of person/entity requesting records: _____ (Name asked for convenience of return only – not to be required per statute)

Address for return of records: _____ (Street, City, Zip)

Phone/Fax # for return of records: _____ Daytime Phone _____ Evening Phone: _____

Please expect a minimum **3-day** processing in the production of records. Reports generated from databases take more time than photocopies of *existing* documents. Generated records will be provided (if available) within **10** business days.

Return by:

- Pick up at window**-Call first to confirm availability – WE cannot call you.
- US Mail.** Self Addressed Stamped Envelope required or add \$.50
- Fax to above number**

Copies = \$.50/page
Accident Reports = \$2.00 per Report
Photo, Video Tape, Transcripts = Actual Costs

Costs exceeding \$5 may be pre-billed.

NOTE: Criminal History (criminal arrest listings and dispositions) are **ONLY** available from the State of Wisconsin. (A State request form is available)



Wisconsin Crime Information Bureau
 Record Check Unit
 PO Box 2688
 Madison, WI 53701-2688
 608-266-5764

Search by name, sex, race and date of birth. The fees are \$13.00 for the public, \$5.00 for government agencies, and \$2.00 for non-profit agencies.

_____ pages @ .50= _____ _____ Acc Rpts @2.00 _____ _____ Mailing @.50= _____ _____ Photos \$ _____ _____ Tapes \$ _____	Total Cost: All checks payable to Hales Corners Police Department	Request Completed by: Date: Comments:
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