



RECORDS RELEASE REQUEST

-- Request for Copies and Database Reports--

Date: _____

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 city of Greenfield)
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: _____

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 **5 business days**.

- Return by:**
- US Mail** – SASE required or add \$.50
 - Pick up at window.** Call first to confirm availability - WE cannot call you
 - Fax to above number**

Copies = \$.25/page
Inkjet/laser-printed photos = \$.50/page
Photo re-prints = \$1.00 each
Audio video tape copies = \$5.00/tape
Costs exceeding \$50 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 @ .25= _____ _____ Mailing @ .50= _____ _____ Photos @ .50 = _____ _____ Tapes @ 5.00= _____ _____ Photos @ 1.00= _____	Total Cost: All checks payable to the Greenfield Police Department	Request Completed by: Date: Comments:
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