Cameron Police Department
Request for Access to Public Records

1. To be completed by person requesting access to or copy of records:

Date of request:_____

Description of the record(s) to be inspected and/or a copy made:

_____

_____

_____

Please note: A request is "deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request". §19.35(1)(h), Wis. Stats.

Person making request:_____
Address:_____
Phone:_____
Purpose of Request:_____

Please Note: A request may not be refused "because the person making the request is unwilling to be identified or to state purpose of the request". §19.35(1)(i), Wis. Stats. You are being asked to list the purpose of your request on a voluntary basis.

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2. Email your completed form to: chief@cameronwi.gov

3. To be completed by Custodian or Deputy Custodian of record:

Date & Time Request Received:_____

Action taken on request:

_____ Approved
_____ Denied
_____ Approved in part/Denied in part

Attach copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Signature of Custodian approving release:

_____

Fee Due: _____ Paid: _____Yes _____No
Date & Time Record released: _____ Released By: _____