

OPEN RECORDS REQUEST

Wisconsin Dells Police Department

712 Oak St., Wisconsin Dells, WI 53965 Tel: (608) 253-1611 Fax: (608) 254-4375 bsanner@wdpd.com



* Juvenile information/records are confidential and generally not subject to release. *

Date	or Request:	INCIDENT INF	ORMAT	TION	
	Enter info	rmation below about the			
Date/Approximate Date:		Case Number:		Officer:	
Location:			Type of Incident:		
Involv	ved Person(s):				
Other	Known/Misc Information:				
	Check the boxes belo	RECORDS R		r <u>ED</u> n of record(s) you desire to acquire	
	PAPER DOCUMENTS / REC			MEDIA RECORDS:	
	Incident Report			Video	
	Statements			Photographs	
	Incident Supporting Document	ts		Incident Telephone Call(s)	
	Dispatcher CAD Notes (AKA	radio log)		Radio Transmissions	
	Other:			Other:	
	•	CONTACT INF ition below so we may c	FORMAT contact ye	ou appropriately regarding your request	
Name	e of Requester:(First Name)	(Middle Name / Initial)		$\frac{\text{DOB:}}{\text{(Last Name)}} \frac{/}{\text{(DD)}} \frac{/}{\text{(YY)}}$	
Mailing Address:			City / S	tate / Zip:	
Phone	e Number: ()	Alternate Pho	one Num	ber ()	
Fax N	Tumber: ()	_ Email Addre	ss:		
			ayment ı	may be required if cost exceeds \$5.00.	

Open records requests will be processed during regular business hours, Monday through Friday and be returned to the requester in a reasonable amount of time (typically within 2-4 weeks depending on circumstances).

CD/DVD: \$10.00 each, plus postage

Locating fees: Imposed if that cost exceeds \$50.00

Photo Reprints: \$0.50 each, plus postage

Media Software link: \$5.00 per request

All requests will be reviewed and evaluated for eligibility of release in accordance with state and federal laws. Information acquired from DOT files are confidential. Third party addresses, phone numbers, DOB and other personally identifiable information may be redacted. Open records requests are themselves a record and thus subject to future open records requests.