



Police Department
9075 N. Regent Road • Bayside, WI 53217
P (414) 206-3916 F (414) 351-8810
www.baysidewi.gov

REQUEST FOR RECORDS

Wisconsin Open Records Law – Chapter 335 – Laws of 1981

Notice to requestors: Pursuant to Chapter 335- Laws of 1981, you are not required to provide your name, address, email address, fax or phone number to receive a department record, however, this information is useful in getting the requested information to the correct person and clarifying any ambiguities to the request.

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Specific Records Requested: Include date(s), time(s), incident number(s), name(s), location(s) if available

\_\_\_\_\_
\_\_\_\_\_

How would you like to receive your request if approved? USPS Mail [ ] Fax [ ] Email [ ] In-person [ ]

\*\*\*OFFICE USE ONLY-DO NOT WRITE BELOW\*\*\*

Date Request Received: \_\_\_\_\_ Time: \_\_\_\_\_

Incident or Crash #: \_\_\_\_\_

Request made via: Mail [ ] Fax [ ] Email [ ] In-Person [ ] Other: \_\_\_\_\_

Request Approved: Yes [ ] No [ ] Authority: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

COST TO REQUESTOR:

Copies – Standard Sheet of Paper \_\_\_\_\_ @\$0.25 per page = \$ \_\_\_\_\_

Accident Report \_\_\_\_\_ @\$6.50 per report = \$ \_\_\_\_\_

DVD Audio only \_\_\_\_\_ @\$15.00 per copy = \$ \_\_\_\_\_

DVD Squad/Body Camera \_\_\_\_\_ @\$35.00 per copy = \$ \_\_\_\_\_

USPS Mailing/Shipping Costs \$ \_\_\_\_\_

TOTAL REPRODUCTION COSTS \$ \_\_\_\_\_

Charges in excess of \$5.00 must be paid in advance unless other arrangements are made.

Payments can be made: online at https://ipn.paymentus.com/rotp/vudx use down arrow to select Report, or by check made payable to the Village of Bayside for the exact amount.