

**SHOREWOOD POLICE DEPARTMENT
REQUEST TO EXAMINE RECORDS
Wisconsin Statutes- Chapter 355 (Open Records)**

Request Received By: _____

Date: _____ Time: _____ am/pm

Mail: _____ In- Person: _____ Fax: _____

PLEASE PRINT OR TYPE CLEARLY

Requestor: (Last Name, First, M.I.) _____

Mailing Address: (City, State, Zip Code) _____

Daytime Telephone Number: _____ Home/Office: _____ Fax: _____

(Note: Failure to provide daytime contact number may delay response to your request.)

Email Address: _____

Please return my request by: Mail: _____ Fax (local only): _____ In-Person (pick up when notified): _____

Type of record requested (ie. Theft, Accident Report, etc.): _____

Specific information requested: _____

Officer Name: _____ Case Number: _____

Date/Time/Location of Incident: _____

Name of person(s) involved: _____

Request approved and distributed by: _____ Date/Time: _____

If denied, state reason(s): _____

(Please note: If your request has been denied, you have the right to a review by writ of mandamus or application to the Milwaukee County District Attorney or State Attorney General.)

*******OFFICE USE ONLY*******

Costs:

Copy: \$ _____

Mail: \$ _____

Photo: \$ _____

Search: \$ _____

Other: \$ _____

Total: \$ _____

Date Received: _____ Signature: _____