

— SHOREWOOD POLICE DEPARTMENT —
REQUEST TO EXAMINE RECORDS
Wisconsin Statutes – Chapter 19.21-19.39

Request Received By: _____

Date/Time: _____ Mail _____ In-Person _____ Fax _____ Email _____ Telephone _____

PLEASE TYPE OR PRINT CLEARLY

Requestor: (Last Name, First Name, Middle Initial) _____

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

Telephone Number: _____

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

Information requested: _____

Case Number: _____

Date/Time/Location of Incident: _____

Name of person(s) involved: _____

(Notice: If your request for records 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** ◆◆◆◆◆◆◆◆

Request approved by: _____ Date/Time: _____

If denied, reason(s): _____

Copy Cost: \$ _____
Mail Cost: \$ _____
Photo Cost: \$ _____
Search Cost: \$ _____
Other Cost: \$ _____
Total Cost: \$ _____

Date Distributed: _____

By: _____