

NEKOOSA POLICE DEPARTMENT

951 MARKET ST. NEKOOSA, WI 54457 PHONE: 715.886.7891 FAX: 715.886.7904

OPEN RECORDS REQUEST FORM

Juvenile information as well as personally identifiable information as defined in the Driver's Privacy Protection Act in U.S.C. § 2725(3) will be redacted from all reports unless exempted under 18 U.S.C. sec. 2721. **It is a crime for any person knowingly to obtain, to make false representation to obtain, or disclose information from a Wisconsin Department of Transportation record under the DPPA.**

Date _____ Incident # _____

Requesting records on (name): _____

Type of Record(s) Requested:

Accident Report Incident Report Photographs CD/DVD Other _____

I hereby certify I am requesting a report for use as follows:

Insurance – For use by any insurer, or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting

Attorney/legal – For use in connection with any civil, criminal, administrative or arbitral proceedings in any federal, state, or local court or agency or before any self-regulating body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of federal, state or a local court.

None of the Above – I am an individual involved in this accident/incident and my date of birth is

Other – Please specify use _____

Policy or Claim No./Court and Case #: _____

Date & Location of Accident/Incident: _____

Person Making Request: _____

Employed By and on Behalf of: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone # (Work): _____ (Home/Cell): _____

JUVENILE RECORDS REQUEST – REQUESTOR INFORMATION

I am: Not Applicable

- Biological Parent
- Guardian named by Court
- Legal Custodian given legal custody by court order
- Husband who has consented to artificial insemination of wife
- Parent by adoption
- Non-marital biological father, where the child has not been adopted
- Juvenile (14 yrs of age or older) – requesting one’s own report
- Other (explain): _____

Signature of Person Requesting the Report: _____

Form of identification _____

Comments:

- Please allow 5-10 working days for your request to be processed
- Accept cash or checks payable to the NEKOOSA POLICE DEPARTMENT

Fees:

- CD/DVD’s = \$10.00
- Incident Reports = \$0.25 per page (if over 10 pages)
- Photos printed on 8 ½” X 11” paper = \$1.00 per page
- Mailing fee = current postage rate

THE NEKOOSA POLICE DEPARTMENT WILL RETAIN ELECTRONIC/PHOTO COPIES OF ALL OPEN RECORDS REQUESTS

FOR DEPARTMENT USE:

DATE REQUEST RECEIVED:	REQUEST APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO ID CHECKED <input type="checkbox"/>
REASON FOR DENIAL (IF APPLICABLE)	PARTIAL REQUEST APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR PARTIAL APPROVAL ONLY/SPECIAL INSTRUCTIONS (IF APPLICABLE)	APPROVED SIGNATURE: DATE: _____ FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO
	AMOUNT PAID: WHAT WAS GIVEN: