



Police Department

SOUTH MILWAUKEE POLICE RECORDS REQUEST FORM



If your report is denied, Section 19.35 (4) (b), Wis. Stats., requires that you be informed that this determination is subject to review under section 19.37(1), Wis. Stats. You may bring an action for mandamus asking for a court to order release of the records or request the District Attorney or Attorney General to bring an action for mandamus asking a court to order release of the records.

TODAY'S DATE _____

YOUR NAME/AGENCY NAME* _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

REPORTS REQUESTED

DATE OF REPORT TYPE OF REPORT LOCATION REPORT NUMBER

INDIVIDUALS INVOLVED _____

REPORT ONLY COPY OF CITATION CERTIFIED COPY (\$5.00 ADDL) DISPOSITION

RECORD CHECK ON PERSON

NAME _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

RECORD CHECK FOR CALLS FOR SERVICE

LOCATION _____

DATES: FROM _____ TO _____

NUMBER OF COPIES REQUESTED @ \$0.25 PER PAGE AMOUNT DUE _____

DO NOT WRITE BELOW THIS AREA

REQUEST APPROVED YES NO LETTER AUTHORITY _____

FRONT PAGE COMPLETE REPORT JUVENILES INVOLVED DENIED _____

REPORT STILL UNDER INVESTIGATION COURT ORDER REQUIRED _____

COMMENTS _____

* IT IS NOT MANDATORY THAT YOU PROVIDE YOUR NAME, HOWEVER, DOING SO ENABLES US TO PROCESS YOUR REQUEST AND PROVIDE THE INFORMATION TO YOU* REV 04/27/2017