

NEKOOSA POLICE DEPARTMENT

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

OPEN RECORDS REQUEST FORM

Date of Request: _____

Person Making Request: _____

Company or Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Requesting records on (name): _____

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

Date & Location of Accident/Incident: _____

Incident or Accident # (if known): _____

Reason for your request: _____

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 = \$20.00 each*
**Incident Reports = \$0.25 per page (10 pages +)*
**Photos printed on 8 1/2" X 11" paper = \$1.00 per page*

RETURN FORM VIA EMAIL TO:

EMAIL to: policechief@nekoosawi.com, FAX to: (715)886-7904, MAIL to: 951 Market St. Nekoosa, WI 54457

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