

# NEKOOSA POLICE DEPARTMENT

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

## RECORDS REQUEST FORM

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Company or Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (primary): \_\_\_\_\_ (other #): \_\_\_\_\_

Email Address: \_\_\_\_\_

Requesting records on:  Self Other (name): \_\_\_\_\_

Policy or Claim No./Court and Case #: \_\_\_\_\_

Date & Location of Accident/Incident: \_\_\_\_\_

Reason for your request: \_\_\_\_\_

Preferred method to receive records:  Email  Mail  Pick up at City Hall

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 (for 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:	APPROVED SIGNATURE:
TIME:	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: