

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

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