

## Record Request Form

Maple Bluff Police Department  
18 Oxford Place  
Madison, WI 53704  
Phone (608) 244-1430 Fax (608) 244-3901



VILLAGE OF  
**MAPLE BLUFF**  
VILLAGEOFMAPLEBLUFF.COM



Date & Time of Request: \_\_\_\_\_ Date of Incident(s): \_\_\_\_\_

Name of Person Requesting: \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

Address of Call: \_\_\_\_\_ Persons Involved: \_\_\_\_\_

Mailing address of Requester: \_\_\_\_\_

Relationship to the Call: \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Records Requested: PICK UP \_\_\_\_\_ MAIL \_\_\_\_\_ FAX \_\_\_\_\_

Fee for an original police report is \$.25 per page. Fee for photostatic copy of an accident report is \$5.00.  
Fee for a Video tape /DVD/CD is \$7.00.

Please note: Under state law a request for access to a public record "A request under pars. (a) to (f) is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request. A request may be made orally, but a request must be in writing before an action to enforce the request is commenced under s. 19.37 " (19.35(1)(h), WI SS)

Please note: A request for access to a public record may not be refused "Except as authorized under this paragraph, no request under pars. (a) and (b) to (f) may be refused because the person making the request is unwilling to be identified or to state the purpose of the request. Except as authorized under this paragraph, no request under pars. (a) to (f) may be refused because the request is received by mail, unless prepayment of a fee is required under sub. (3) (f). A requester may be required to show acceptable identification whenever the requested record is kept at a private residence or whenever security reasons or federal law or regulations so require." (19.35(1)(i), WI SS) You are being asked to provide the information called for on voluntary basis. Thank you.

### To Be Completed by Chief of Police or Designee

Person Receiving Request: \_\_\_\_\_

Date & Time Received: \_\_\_\_\_ Date & Time Completed: \_\_\_\_\_

Action Taken on Request:

Approved \_\_\_\_\_ Approved in Part/Denied in Part \_\_\_\_\_ Denied \_\_\_\_\_

All requests denied shall be accompanied with a letter identifying the reason for the denial of the record(s)

Name & Title of Custodian or Designee Acting on Request: \_\_\_\_\_

CASE NUMBER(S):