

Police Report-Record Request Form

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



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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):

Approval or Deny Remarks:

*Denial of a written request must inform the requester that the denial is subject to review in an action for mandamus under Wis. Stat. 19.37(1), or by application to the local District Attorney or Attorney General