

**Village of East Troy Police Department  
2015 Energy Dr.  
East Troy, WI 53120  
262-642-6250  
Fax: 262-642-6266**

**OPEN RECORDS REQUEST**

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Please fill in all information requested. You will be contacted when your request is ready for review or pick up in accordance with s.s. 19.35(4). If no phone number is provided, response will be left for pick up for a period of 7 days. If the requested information is not picked up within 7 days after you have been notified, a new request will be required and you will be charged for both searches before being provided copies of your requests.

In making this request, I understand that I will be charged as listed below, for the various services requested. There is no cost to view the reports requested.

DATE OF REQUEST: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_

**PERSON REQUESTING RECORDS: (NOT REQUIRED)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

**RECORD REQUESTED**

DATE(S) OF INCIDENT: \_\_\_\_\_  
TIME OF INCIDENT: \_\_\_\_\_  
SPECIFIC LOCATION OF INCIDENT (HOUSE#, STRET, CITY, ETC.):  
\_\_\_\_\_

INVOLVED PERSON: \_\_\_\_\_ DOB: \_\_\_\_\_  
DESCRIBE RECORDS REQUESTED: \_\_\_\_\_

**CHARGE FOR RECORDS:**

ACCIDENT REPORTS: **\$3.00**  
COPIES OF REPORTS: **\$3.00** FOR THE FIRST 20 PAGES (ONE SIDED)  
EACH ADDITIONAL PAGE: **25 CENTS** (PER SIDE)  
**\$1.00** FOR MAILED REQUESTS PLUS THE COST OF COPIES PER ABOVE  
PLEASE CHECK: \_\_\_\_\_ TO BE MAILED \_\_\_\_\_ WILL PICK UP (LIST DATE/TIME)

IF SEARCH HOURS NEEDED: CURRENT HOURLY RATE OF EMPLOYEE THAT DOES THE SEARCH.

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**DISPOSITION OF REQUEST:**

**APPROVED: YES OR NO**

\_\_\_\_ COUNTER \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS  
\_\_\_\_ MAILED \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS  
# OF PAGES \_\_\_\_\_ TOTAL CHARGE \_\_\_\_\_ EMP# \_\_\_\_\_

**REASON FOR DENIAL:**  
\_\_\_\_\_