## REQUEST FOR RECORDS

Requests can be submitted to tmeehan@edgerton.wi.gov or fax (608) 884-7997.

**NOTE:** We will attempt to fulfill all record/document requests as soon as possible. Police records will be made available when they are completed, submitted, reviewed, and approved. Please allow 7-14 business days from original request. Certain requests may take longer than 7-14 days to fulfill, in which case you will be notified that more time is necessary. If you have questions, direct all inquiries to the Records Clerk, (608)884-3321.

Case# if known:  PERSON REQUESTING RECORDS:  Name: DOB:	Date of Request:	<u> </u>				
Name:	Case# if known:					
Address:	PERSON REQUESTI	NG RECORDS:				
CITY/STATE/ZIP:	Name:			_DOB:		
Email Address:  RECORD(S) REQUESTED: [CIRCLE TYPE(S)]  Incident Accident Arrest Traffic/Municipal Citation Other  DATE(S) & TIME(S) OF INCIDENT(S):  SPECIFIC LOCATION OF INCIDENT:  INVOLVED PERSON(S):  DOB:  ADDRESS:  PHONE:  OFFICER(S) INVOLVED:  DESCRIBE RECORD(S) REQUESTED:  (Provide any information that will assist the Edgerton Police Department in fulfilling the request)  CERTIFICATION  I/We certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.	Address:			Phone:	<u>L</u> a	
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SPECIFIC LOCATION OF INCIDENT:  INVOLVED PERSON(S):  DOB:  ADDRESS:  PHONE:  OFFICER(S) INVOLVED:  DESCRIBE RECORD(S) REQUESTED:  (Provide any information that will assist the Edgerton Police Department in fulfilling the request)  CERTIFICATION  I/We certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.	Incident	Accident Arrest	Traffic/Municipal Citation	Other		
INVOLVED PERSON(S):	DATE(S) & TIME(S) OF INCIDENT(S):					
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X(Requestor Signature) (Date Signed)	CERTIFICATION  I/We certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not					
	X(Requestor Sig	gnature)		(Date Signed)		

The requestor will be charged \$0.25 per page with a minimum fee of \$2.00. See sec. 19.35(3)(a), Wis. Stats. The requestor may be charged an hourly rate as permitted by law. See sec. 19.35(3)(c), Wis. Stats. The requestor may be charged mailing and shipping fees. See sec. 19.35(3)(d), Wis. Stats. Prepayment may be required as permitted by law. See sec. 19.35(3)(f), Wis. Stats. (Updated 3/23/2020)