



# KRONENWETTER POLICE DEPARTMENT

"Community Focused, People First"

Established 2004

**CHIEF OF POLICE**  
DANIEL L. JOLING

**POLICE CLERK**  
DIANNE E. DREW

## OPEN RECORDS REQUEST

Person/Business Making Request: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number: \_\_\_\_\_

I would prefer: \_\_\_\_\_ To pick up the requested information in person. You will be notified when the request is ready for pickup.  
\_\_\_\_\_ Have the requested information mailed to the above address.

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### REQUESTED INFORMATION (complete name required)

Date & Time of Occurrence: \_\_\_\_\_ AM PM

Location of Incident/Accident: \_\_\_\_\_

Incident Report Number (if known): \_\_\_\_\_

Type of Report (check one):  
\_\_\_\_\_ Accident: \_\_\_\_\_

REMARKS

\_\_\_\_\_ Incident: \_\_\_\_\_  
REMARKS

Please allow 10 working days for your request to be processed. You will be notified in writing if the request is denied and the reason for denial.

Copy Fee: 25¢ per side of page Fax Fee: \$2.00 per page Copy of CD/DVD: \$25.00

If it is anticipated that the cost of locating records will exceed \$5.00, you may be required to pre-pay the estimated cost of the location and reproduction of the records. If more than 3 pages are copied, the employee's hourly charge shall be assessed on a one-fourth (1/4) hourly basis. Applicable shipping and/or mailing fees will be added.

**INDIVIDUALS REQUESTING REPORTS CONTAINING JUVENILE INFORMATION MUST COMPLETE THE REVERSE SIDE OF THIS FORM.**

Juvenile reports may be released to the following persons subject to departmental policy. To allow us to appropriately review your request, please check all of the following that apply. Documentation will be required prior to the release of the information requested.

I am (check all that apply):

- \_\_\_\_\_ Biological parent
- \_\_\_\_\_ Guardian named by the court
- \_\_\_\_\_ Legal custodian given legal custody of the child by court order
- \_\_\_\_\_ Husband who has consented to artificial insemination of wife
- \_\_\_\_\_ Parent by adoption
- \_\_\_\_\_ Non-marital biological father, where the child has not been adopted
- \_\_\_\_\_ Juvenile (14 years of age or older) – requesting one's own report
- \_\_\_\_\_ Victim of the juvenile's act (for the sole purpose of recovering injury, damage or loss suffered as a result of the juvenile's act)
- \_\_\_\_\_ Victim's insurer (when court ordered restitution has not been made within one year – for the sole purpose of investigating the claim)
- \_\_\_\_\_ Insurance company and/or representing attorney – with a signed/written release from the juvenile's parent, guardian or legal custodian.

If you are a parent: My parental rights **have / have not** been terminated (circle one):

Form of identification and initials of person releasing record: \_\_\_\_\_

Signature of person requesting the report: \_\_\_\_\_

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**OFFICE USE ONLY**

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons denied access to Juvenile Records should contact the Clerk of Court to petition the court for access for the report/record.

Open Records Request denials are subject to review in an act of Mandamus under section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.

**RETAIN ALL PHOTOCOPIES OF ALL OPEN RECORDS REQUESTS**