



Waukesha Police Department

Open Records Request Form



The requestor does not have to identify themselves or the reason they want the record, however, if they choose not to disclose, the requested record may be denied for various reasons allowed by law.

If costs exceed \$50.00, payment must be made at the time the record is requested.

Date of Request: _____

Requester's Name: _____

Requester's Email Address: _____

Address (City, State and ZIP): _____

Contact Telephone Number: _____

Specific Records Requested: *(Must be specific and NOT overbroad, not "all reports in last 20 years." The request must ask for a record we already possess. We will not create a record for the requestor)*

Incident Report #(s) (if known): _____

Date (or date range) of Incident: _____

Type of Incident: _____

Address of Incident: _____

Names involved: _____

Records Requested: _____

Reason for Requesting the Record:

How would you like to receive the record?

Email (No Fee)

In person (Fee)

Mail (Fee / Requires Prepayment)

Requestor's Relationship to the Incident/Record:

Refused

Law Firm

Insurance Co.

Property Owner/Mgt Co.

Victim

Witness

Suspect

Parent/Spouse of Victim

Media

Not Involved

Other

Parent/Spouse of Suspect

Requests will be fulfilled as soon as practicable and without delay (during business hours) based on the order in which they were received.