



NEW HOLSTEIN POLICE DEPARTMENT OPEN RECORDS REQUEST FORM

INCIDENT #:		TYPE OF REPORT:	
LOCATION:		DATE OF REPORT (mm/dd/yy):	
REQUESTER'S NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE #:		FAX:	
IDENTIFIED BY:			
ADDITIONAL INFORMATION: (Include names of persons involved in the incident or your request)			

NOTE: All **JUVENILE RECORDS** are closed to inspection and the New Holstein Police Department will neither confirm nor deny that any such record exists.

THE FOLLOWING SECTION IS FOR THE POLICE DEPARTMENT USE

DATE RECEIVED (mm/dd/yy):	RECEIVED BY:	HOW WAS IT RECEIVED:
REQUEST REVIEWED BY:	RANK:	DATE:
REQUEST:		
BASIS FOR DENIAL / ADDITIONAL INFORMATION:		
PAGES PROVIDED:	FEE PAID:	RECEIPT #:
RECEIVED BY: SIGNATURE		DATE:

THIS FORM IS TO BE PLACED IN THE NEW HOLSTEIN POLICE DEPARTMENT'S OPEN RECORDS REQUEST FILE AND IS TO BE MAINTAINED AS AN OFFICIAL LOCAL GOVERNMENT POLICE RECORD.

NOTE: Persons requesting access to records of the New Holstein Police Department will be asked to complete this request form; however, completion of this form is not a requirement for access to official records kept in the normal course of business by the New Holstein Police Department. Release of records is subject to all applicable rules governing such release as noted in the State of Wisconsin Statutes.