

— SHOREWOOD POLICE DEPARTMENT —  
REQUEST TO EXAMINE RECORDS

Request Received By: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Mail \_\_\_\_\_ In-Person \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY**

Requestor: (Last Name, First Name, Middle Initial) \_\_\_\_\_

Mailing Address: (City, State, Zip Code) \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Home: \_\_\_\_\_

(Note: Failure to provide daytime contact number may delay response to your request.)

Fax: \_\_\_\_\_ Office: \_\_\_\_\_

Please return my request by: Mail: \_\_\_\_\_ Fax (local only): \_\_\_\_\_ In-person (pick up when notified)

Type of record requested (ie. Theft, Accident Report, etc) \_\_\_\_\_

Specific information requested? \_\_\_\_\_

Officer: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date/Time/Location of Incident: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Request approved and distributed by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

If denied, reason(s): \_\_\_\_\_

(Notice: If your request for records has been denied, you have the right to a review by writ of mandamus or application to the Milwaukee County District Attorney or State Attorney General.)

◆◆◆◆◆◆◆◆ Office Use Only ◆◆◆◆◆◆◆◆

Copy Cost: \$ \_\_\_\_\_  
Mail Cost: \$ \_\_\_\_\_  
Photo Cost: \$ \_\_\_\_\_  
Search Cost: \$ \_\_\_\_\_  
Other Cost: \$ \_\_\_\_\_  
**Total Cost:** \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_