

BEAVER DAM POLICE DEPARTMENT REQUEST FOR PUBLIC RECORD

Date of Request: _____ Report Number: _____

Date of Incident: _____ Time of Incident: _____

Type of Record: Accident Incident Report Citation Photographs Camera Video

Other: _____

Location of Incident: _____

Person(s) Involved:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Additional Information: _____

Records to be returned to and by: Mail Fax Pick up at PD (Circle One)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Beaver Dam Police Department Use Only

Received By: _____ Date/Time: _____

Approved Approved With Restrictions Denied

Special Instructions: _____

If Denied, Reason for Denial: _____

Signature: _____ Date: _____

Denial Letter Sent By: _____ Date: _____

Record Fees: Pages 1-6 (Picked Up) \$4.00
If more than six pages \$.25 per page

Pages 1-6 (Mailed/Faxed) \$5.00
Copy of CD or DVD \$5.00

ALL REQUESTS WILL BE PROCESSED IN TWO-THREE BUSINESS DAYS