

EVEREST METROPOLITAN POLICE DEPARTMENT

Open Records Request Information

So that we may more expeditiously serve your request, please complete the form as detailed as possible, being as specific as you can be regarding the information you are requesting. We pledge to begin researching and organizing the materials requested within 10 business days, but in most cases much sooner than that.

Requests that are extensive or broad in their scope may require you, the requester, to narrow that scope for us to be successful and timely with our response. Additionally, we reserve the right to ask for pre-payment for the materials once we determine what it is you are actually requesting.

Your request needs to be reasonably descriptive and should include an incident number to assist us in locating the information. You are not required to provide your name however, it would be difficult for us to notify you when your request has been satisfied without a name and contact phone number or in the event additional costs may be necessary or we have difficulty locating your requested information.

The Everest Metropolitan Police Department's decision to deny either the entire request or a portion thereof for release of record information is subject to review by mandamus under Wisconsin §19.37(1) or upon application to the Attorney General or District Attorney.



EVEREST METROPOLITAN POLICE DEPARTMENT

Open Records Request Form



Person/Business Making Request: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Request: _____

Tel # (Home/Cell): _____ (Work): _____

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. **(Please refer to mailing fee information listed below as prepayment is required.)**

NAME OF PERSON(S) LISTED ON THE ACCIDENT / INCIDENT REPORT (Complete name required)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Name of Business: _____

Date and Time of Occurrence: _____

Location of Incident/Accident: _____

Report Number (if known): _____

Type of Report (Check One): Accident Incident

Comments:

- Please allow 5 to 10 working days for your request to be processed.
- Accept money or checks payable to the EVEREST METRO POLICE DEPARTMENT.
- Mailing Fees - \$3.00 (plus duplicating costs).

Duplicating Fees:

- Accident Reports = \$1.00 per report
 - Incident Reports = .25 per page
 - Electronic Images/Video/Audio = \$5.00 per CD disc
- Individuals requesting reports containing juvenile information must complete reverse side.

If it is anticipated that the cost of locating records will exceed \$50.00, you will be contacted and required to pre-pay the estimated cost of the location and reproduction of the records.

If the cost of reproduction of the record is expected to exceed \$5.00, you may be contacted and requested to pre-pay those costs.

**Individuals requesting reports containing juvenile information
must complete the information requested below**

RECORDS REQUEST REQUESTOR INFORMATION

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 confirming the requestor's identification, as indicated in the next section, will be required prior to the release of information or records requested.

I am:

- Biological parent
- Guardian named by 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 yrs 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 juveniles act**)
- Victim's insurer (**when court ordered restitution has not been made within 1 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.
- Other (explain): _____

If you are a parent:

My parental rights **have / have not** been terminated. (**circle one**)

Signature of Person Requesting the Report: _____

**THE EVEREST METROPOLITAN POLICE DEPARTMENT
WILL RETAIN ELECTRONIC/PHOTO COPIES OF ALL OPEN RECORDS REQUESTS**

FOR DEPARTMENT USE

Date request received:	Request approved: <input type="checkbox"/> Yes <input type="checkbox"/> No *Partial request approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for denial (if applicable):	Approved by signature:
*Reason for partial approval only/special instructions (if applicable):	Date: _____ Fees paid: <input type="checkbox"/> Yes <input type="checkbox"/> No