

CITY OF KIEL POLICE DEPARTMENT RECORDS REQUEST FORM

REPORT #: _____ TYPE OF REPORT: INCIDENT / ACCIDENT / OTHER (Circle One)

LOCATION: _____ DATE OF REPORT: ____ / ____ / ____

REQUESTER'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ - _____ FAX #: (____) _____ - _____

IDENTIFIED BY: DRIVER'S LICENSE / VERBAL / OTHER: _____ (Circle One)

ADDITIONAL INFORMATION: _____

POLICE DEPARTMENT'S USE

DATE RECEIVED: ____ / ____ / ____ RECEIVED BY: _____

HOW RECEIVED: IN PERSON / MAIL / FAX / OTHER: _____ (Circle One)

REQUEST REVIEWED BY: _____ RANK: _____ DATE: ____ / ____ / ____

REQUEST: APPROVED / DENIED (Circle One)

BASIS FOR DENIAL / ADDITIONAL INFORMATION: _____

PAGES PROVIDED : # _____ FEE PAID: YES / NO RECEIPT: # _____

RECEIVED BY: _____ (Signature) DATE: ____ / ____ / ____

*** THIS FORM IS TO BE PLACED IN THE POLICE DEPARTMENT'S OPEN RECORDS
REQUEST FILES / BINDER AND IS TO BE MAINTAINED AS AN OFFICIAL LOCAL
GOVERNMENT (POLICE) RECORD***

NOTE: People requesting access to records of the City of Kiel Police Department will be asked to complete this request form; however completion of this request form is not a requirement for access to official records kept in the normal course of business by the City of Kiel Police Department. Release of records is subject to all applicable rules governing such release as noted in WI Statues.