



Town of Mukwonago Police

W320 S8315 Beulah Road • Mukwonago, WI 53149
(262) 363-5188 • Fax: (262) 363-1575
mukwonagopolice.org



OPEN RECORDS REQUEST

All open records requests will be reviewed and approved by the Chief of Police. Reports requested that are currently under investigation are not subject to open records. Records containing juvenile information are subject to redaction per Wisconsin State Statute 48.396. All other reports requested containing driver's license numbers and dates of birth are subject to redaction per Wisconsin State Statute 19.35(1)(am)1. You will be contacted when your request is ready for review or pick up in accordance with Wisconsin State Statute 19.35(4). If no contact information is provided, records requested will be left for pick up for a period of seven (7) days. If the requested information is not picked up within seven (7) days after you have been notified, a new request will be required and you will be charged for both searches before being provided copies of your requests.

In making this request, I understand that I will be charged as listed below, for the various services requested. There is a cost of preparing to view the reports requested.

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PERSON REQUESTING RECORDS: (NOT REQUIRED)

Name: _____ DOB: _____
Address: _____ City/State/Zip: _____
Phone #: _____ FAX #: _____ Email: _____

RECORDS REQUESTED

Date(s) of incident: _____ Time: _____ Report #: _____
Specific location of incident (House #, Street, City, Etc.): _____
Involved person: _____ DOB: _____
Describe records requested: _____

CHARGE FOR RECORDS

Accident Reports: \$3.00 **plus** 5.1% sales tax = **\$3.15**
Copies of Reports: \$5.00 **plus** 5.1% sales tax – For the first 20 pages (one sided) = **\$5.25**
Each additional page: **25 CENTS plus** 5.1% sales tax (per side) = **\$0.26**
Copies of photos: \$5.00 **plus** 5.1% sales tax (all photos copied onto cd's) = **\$5.25**
\$1.00 For mailed requests plus the cost of copies per above.
\$3.00 For mailed requests including photo cd plus the cost of copies per above.

PLEASE CHECK:

☐ TO BE MAILED ☐ EMAILED (PROVIDE EMAIL ADDRESS ABOVE) ☐ FAXED (PROVIDE FAX NUMBER ABOVE)
IF SEARCH HOURS NEEDED: CURRENT HOURLY RATE OF EMPLOYEE THAT DOES THE SEARCH.

OFFICE USE ONLY

DISPOSITION OF REQUEST:

APPROVED: YES OR NO

Supervisor Approval for Release of Records: _____

† COUNTER	_____	DATE	_____	INITIALS	_____	† MAILED	_____	DATE	_____	INITIALS	_____
† EMAILED	_____	DATE	_____	INITIALS	_____	† FAXED	_____	DATE	_____	INITIALS	_____
# OF PAGES	_____	TOTAL CHARGE	_____	EMP #	_____						

REASON FOR DENIAL: _____

To be signed by Requestor upon receipt of records: _____