

REQUEST FOR INFORMATION CAN BE MADE: In Person/Mail to 1004 W. Exchange Street Brodhead, WI 53520 or by calling: 608-897-2112 or faxing: 608-897-2933 or by emailing bhpdp@brodheadpolice.com

REQUESTER'S INFORMATION: To assist in fulfilling your records request please provide the following information.

Name: _____ Phone Number: _____

Address: _____

REQUEST FOR: Please be specific with your open records request. Give name(s), address(es), birth date(s), the purpose of your request, date(s) of incident(s), call/crime type(s), and/or case number, etc., when possible, to narrow the search. Attach a DPPA waiver explanation if applicable. Use the back of this form for additional space. For information regarding open records request refer to s.s.19.31 and 19.35, Wis. Stats.

NOTICE: Open records request may take up to ten (10) business days due to the volume of requests or the extent of information requested.

FEE(S): In addition, pursuant to s.s. 19.35(3), Wis. Stats. there will be a charge of \$0.25 per page with a minimum fee of \$2.00. You may be charged for actual costs associated with reproduction of audio and/or video recordings, photographs, and diagrams. You may be charged for locating the record requested if process exceeds \$50.00. You may be charged mailing and shipping fees. Prepayment may be required if the amount to fulfill a request that may exceed \$50.00.

In addition to my responsibility for copy fees, I understand personal and confidential information on the copies I receive shall be redacted from the report in accordance with State and Federal laws prior to release. Because of the requirement to redact information, there may be a delay, based on the amount of information requested, in releasing the report.

Signature of Requestor: _____ Date: _____

*** FOR OFFICE USE ONLY ***

Received By: _____ Date Received: _____ Incident #: _____

Fulfilled By: _____ Determination By: _____ Fee: _____

- ☐ Approved: see attached copies; assess pertinent fees ☐ Denied In Part: see reason(s) below; assess pertinent fees
☐ Denied In Whole: see reason below or attached

Reason for Denial:

- ☐ Personal identifiers are not released per privacy exemptions to open records.
☐ Juvenile data is not released per federal and/or state law.
☐ Medical data is not released per federal and/or state law.
☐ The report is an open investigation, which contains information that may compromise the investigation if release.
☐ Other:

Date Contacted: _____ Contacted By: _____

Released By: _____ Date Released: _____ Method Delivered: _____