

RIVER HILLS POLICE DEPARTMENT  
7650 N PHEASANT LANE  
RIVER HILLS, WI 53217  
PHONE (414) 247-2302 OR FAX (414) 352-8355

**RIVER HILLS POLICE DEPARTMENT REQUEST FOR RECORDS**

(Request for records are governed by Wisconsin Statutes, sections 19.31 through 19.39)

Please print:

Requestor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Specific records requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Areas below for police department only:**

Request received: \_\_\_\_\_  
(date) (time) (mail, in person, other) (received by)

Request approved: Yes \_\_\_ No \_\_\_ By: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

Copies requested: Yes \_\_\_ No \_\_\_

Number of copies requested: \_\_\_\_\_ @ \$1 for 1<sup>ST</sup> page .20 per additional page..... \$ \_\_\_\_\_

Number of disks \_\_\_\_\_ @ \$10/each..... \$ \_\_\_\_\_

Search hours (if applicable) \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour..... \$ \_\_\_\_\_

Additional cost (if applicable)..... \$ \_\_\_\_\_

Mailing cost (if applicable)..... \$ \_\_\_\_\_

**Total costs to comply with request..... \$ \_\_\_\_\_**

If your request for records has been denied, you have the right to review by Writ of Mandamus or upon application to the District Attorney or the Attorney General.