

7650 N PHEASANT LN,
RIVER HILLS, WI 53217



PHONE (414) 247-2302

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)

Requestor's name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Signature: _____

Special 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 1st page \$0.20 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.