

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 1<sup>st</sup> page \$0.25 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.