

**OPEN RECORDS REQUEST - POLICE DEPARTMENT
WEST MILWAUKEE POLICE DEPT.
4755 W Beloit Rd, West Milwaukee, WI 53214 • Phone 414-645-2151 • Fax 414-645-8162**

Please complete the following information:

Print Clearly:

Last Name: _____ **First Name:** _____

Business (if requested by business): _____

Address: _____

City/State/Zip: _____ **Phone #:** _____

Reason for Request: Choose below

Accident Report - Case #: _____

Date of Accident: _____ Location: _____

Photos (if available): Yes No

Offense/Incident Report - Case #: _____

Date of Incident: _____ Involved Parties: _____

Background - Full Contacts on: **Person** **Location:**

Name of Subject: _____

DOB: _____ Relationship to Requestor: _____

Address of Location: _____

Dates - From: _____ to: _____

Additional Notes:

Fees: ___ \$0.15/page, ___ \$1.00 CD/DVD up to 4.5GB, ___ \$2.00 CD/DVD from 4.6GB to 8.4GB

Shipping Materials: Envelopes: ___ Standard \$.05, ___ Med. \$.20, ___ Lg. \$.40, ___ CD/DVD \$.50

Postage: Determined by weight and current USPS pricing

TOTAL COST: _____

DATE/TIME RECEIVED: _____ **EMPLOYEE RECEIVING REQUEST:** _____

RELEASE APPROVED: YES NO

APPROVED BY: _____