

**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: _____
Dates From: _____ to: _____

- **_____ Additional requests:**
 - Body Camera: (Body Camera maybe redacted per WI S.S 165.87)
 - Audio: Radio transmissions Phone calls
 - Photos

Fees: \$0.15/page, \$1.00 CD/DVD to 4.5GB, \$2.00 C/DVD 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 and Time Received: _____ Employee Receiving: _____

Release Approved: Yes No

Approved By: _____