

**RIVER FALLS POLICE DEPARTMENT**  
**Open Record Request for Incidents Handled by the RFPD**  
**Pursuant to §19.35(1)**

**Telephone: 715/425-0909**

**Fax: 715/425-0932**

UNDER WISCONSIN OPEN RECORDS LAW YOU ARE NOT REQUIRED TO IDENTIFY YOURSELF OR STATE THE PURPOSE FOR YOUR REQUEST IN ORDER TO OBTAIN RECORDS. HOWEVER, PROVIDING THIS INFORMATION ASSISTS IN THE ACCURATE AND TIMELY PROCESSING OF YOUR REQUEST AND ALLOWS US TO CONTACT YOU WHEN THE RECORD IS READY OR FOR APPROPRIATE TRANSMITTAL OF THE RECORD. REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. SIMPLE REQUEST MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS; COMPLEX REPORTS MAY TAKE LONGER.

REQUESTOR (VOLUNTARY) \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE & ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I REQUEST RECORD(S) FOR:  INSPECTION  COPIES  PHOTOS  CD/DVD      DELIVERED VIA:  MAIL  FAX  PICK-UP

PLEASE BE SPECIFIC AS TO THE RECORDS REQUESTED \_\_\_\_\_

NAME OF INDIVIDUAL/JUVENILE INVOLVED IN REPORT \_\_\_\_\_

DATE OF BIRTH OF INDIVIDUAL/JUVENILE INVOLVED IN REPORT \_\_\_\_\_

TYPE OF INCIDENT \_\_\_\_\_

DATE OF INCIDENT/ACCIDENT \_\_\_\_\_

LOCATION OF INCIDENT/ACCIDENT \_\_\_\_\_

- I UNDERSTAND THE PER PAGE FEE FOR COPIES IS 25¢ FOR 8½ X 11 AND 35¢ FOR 11 X 17, PLUS POSTAGE. FAX FEE IS 50¢ PER PAGE.
- PREPAYMENT WILL BE REQUIRED FOR COSTS EXCEEDING \$5. COPYING PHOTOS IS ACTUAL COST OR \$1 IF ON A DISK.
- IF THE REQUESTED COPIES ARE NOT PICKED UP 10 DAYS FROM THE TIME OF NOTIFICATION THAT THE RECORD IS READY, THEY MAY BE DESTROYED.

**Please make check payable to: City of River Falls**

**FOR RECORDS INVOLVING JUVENILES** - Check the following, if appropriate. Requester is:

- Juvenile Subject of Report       Victim of Report (see reason 3 on back)       Legal Custodian of Juvenile
- Legal Guardian of Juvenile       Parent of Juvenile       Victim's Insurer \_\_\_\_\_
- Other - (please explain) \_\_\_\_\_ (company)

\_\_\_\_\_  
Signature of Requestor

**•PLEASE NOTE•**

**•THE INFORMATION ABOVE WILL NEED TO BE VERIFIED PRIOR TO RELEASE OF JUVENILE RECORDS•**

**Verified by (office use):** \_\_\_\_\_

**Office Use Only**

REASON CODE \_\_\_\_\_  RELEASE APPROVED      CASE NUMBER \_\_\_\_\_  
 RELEASED IN PART       RELEASE DENIED

(SEE BACK OF FORM FOR REASON CODES)

\_\_\_\_\_  
CHIEF OF POLICE/DESIGNEE

A DENIAL OF A WRITTEN REQUEST IS SUBJECT TO REVIEW IN AN ACTION OF MANDAMUS UNDER SECTION 19.37(1) WI STATUTES OR BY APPLICATION TO THE DISTRICT ATTORNEY OR ATTORNEY GENERAL

AMOUNT DUE: \_\_\_\_\_ RESPONSE DATE: \_\_\_\_\_  MAILED       FAXED       COUNTER SERVICE

