



Minocqua Police Department
Request for Access to Public Records

To be completed by person requesting access to or copy of records:

Date of request: \_\_\_\_\_

Description of the record(s) to be inspected and/or a copy made:

Name to be searched: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Address to be searched: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: A request is "deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request". §19.35(1)(h), Wis. Stats.

Person making request: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Please Note: A request may not be refused "because the person making the request is unwilling to be identified or to state purpose of the request". §19.35(1)(i), Wis. Stats. You are being asked to list the purpose of your request on a voluntary basis.

\_\_\_\_\_

To be completed by Custodian or Deputy Custodian of record:

Date Request Received: \_\_\_\_\_

Time Request Received: \_\_\_\_\_

Action taken on request:

- \_\_\_ Approved
\_\_\_ Denied
\_\_\_ Approved in part/Denied in part

Attach copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Signature of Custodian approving release:

\_\_\_\_\_

Fee Due: \_\_\_\_\_

Paid: \_\_\_ Yes \_\_\_ No

Date Record Released: \_\_\_\_\_

Time Record released: \_\_\_\_\_

Released By Initials: \_\_\_\_\_