

CITY OF TWO RIVERS

REQUEST FOR PUBLIC ACCESS

Police Department

Municipal Court

We ask that this form be completed to permit accurate and timely retrieval of a record(s) maintained by the *City of Two Rivers*. Responses are NOT provided over the telephone. If the requested record exists, a copy of the record will be made for release in accordance with City policy and state and federal law. If the record does not exist or cannot be released, a written response will be provided. Specific information within a record that cannot be released will be removed or redacted ("blackened" out). Requests will be released as soon as possible; however can take up to 7-10 business days. Once records are ready to be picked up, you will be notified.

Type of Record Requested:

- Disposition Accident Report - \$1.00 per report, \$.25 per additional page
- Incident Report - \$.025 per page Digital Photos - \$5.00 per C.D 35mm Photos – Actual costs
- Digital Video/Audio - \$5.00 per CD/DVD VHS Video - \$5.00

An additional charge for postage and envelope will be charged if the record(s) are to be mailed.

Date of Request: _____ Time: _____

 Name of Person or Persons Involved in Record(s) (Please PRINT full name)

 Date of Birth: _____ Sex/Race: _____

 Type of Incident: _____ Date of Incident: _____

 Additional Information about the Incident:

 Person Requesting Record(s) (Please PRINT full name) E-Mail address

 Address/City/State/Zip Phone Number:

Reason for Request (**OPTIONAL**): _____

Will Pick-Up Record(s)

Mail Record(s): _____
Address City/State Zip

DEPARTMENT USE ONLY:

Request Approved

Request DENIED – See attached

 Date/Time Request Completed Date/Time Notified/Mailed (include initials)

Total Cost: _____