



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



REQUESTING POLICE INFORMATION RECORD REQUEST(S) AND/OR RECORD CHECK(S)

REQUESTS ARE PROCESSED IN ORDER RECEIVED

Please allow 7 to 10 business days for your request to be processed.

I understand that pursuant section 19.35(3)(f) a fee may be charged.

Fees:

- Accident Report(s) \$.30 per page
- Record Check (s) \$.30 per page
- Faxing Charge \$ 1.00
- Mailing Charge \$ 1.00
- (Other Mailing Fees/Costs Would Apply For Larger Mailing)
- Photographs \$2.50 per page
- Videotapes \$5.00 each
- DVD's/CD's \$5.00 each

If it is anticipated that the cost of locating records for your request will exceed \$50, you will be contacted and required to pre-pay the estimated cost of the location and reproduction of the records. Also, if the requester has failed to pay any fee that was imposed by the Manitowoc Police Department for a request made previously by that requester, the Manitowoc Police Department may require pre-payment both of the amount owed for the previous request and the amount owed for the current request.

All record requests and record checks are subject to review. Records are not public until the person(s) has/have been through court and a disposition is received. There are several exceptions.

Not all police contacts result in a written report. Some incidents are documented in the dispatch log as a matter of information. Landlords can obtain copies of police contacts in regards to tenant problems, i.e. noise complaints.

What is the difference between a “record request” and a “record check”?

Record request is a request for copies of reports.

Record check is an itemized list of arrests and/or contacts verifying an individual's record within the City of Manitowoc. This is usually done for prospective employers, passport/visa purposes, or adoptive agencies. If you need a record check, you will need the following information: the full name of the person, including middle initial, date of birth, sex and race.

Completion of this form is required to permit the accurate and timely retrieval of a record maintained by the Manitowoc Police Department. The following information is required to describe the requested reports or records. (ss.19.35(1)(h)).



Date of Request: _____ Time: _____

INFORMATION REQUIRED (Be Specific)

____ Incident ____ Accident ____ Photos ____ Records Check
____ Citation ____ Arrest ____ Other (Explain) _____

*****DPPA FORMS MUST BE COMPLETED FOR ALL ACCIDENT REPORT REQUESTS*****

1) Record(s) Concerning: _____
Last Name/or Business Name First M.I.
_____/_____/_____
Maiden/Prior Names Date of Birth

2) Date of Incident: _____ Time of Incident: _____

3) Location of Incident: _____ Incident Number (if known): _____

**Information contained in records you are requesting may implicate one or more persons privacy interests and/or reputational concerns, which would require parties named in the report to be notified. If requestor wishes to be advised of above notification of this request and the opportunity to object to the release of information requested, please fill in information below.*

REQUESTED BY: _____

(Last Name, First, M.I. or Business Name)

Street Address City State Zip (____) _____
Area Code Phone Number

- RECORD REQUESTS FOR CASES INVOLVING JUVENILES OR PENDING CASES SHALL NOT BE RELEASED.
- JUVENILE INFORMATION SHALL ONLY BE RELEASED TO THAT PARTY WITH PROPER IDENTIFICATION, OR TO CUSTODIAL PARENT SHOWING PROOF.

I am: (check one)

- ____ Biological Parent
- ____ Non-Marital biological father/mother
- ____ Guardian named by the court (provide documentation)
- ____ Legal Custodian given by court order (provide documentation)
- ____ Juvenile (14 yrs. of age or older) requesting one's own report
- ____ Victim of the juvenile's act (for sole purpose of recovering injury, damage or loss suffered as a result of the juvenile act.)
- ____ Victim's insurer (when court ordered restitution has not been made within one year – for the sole purpose of investigating the claim.)(provide documentation)
- ____ Insurance Company and/or representative Attorney – with a signed/written release from the Juvenile's parent, guardian or legal custodian (provide documentation)

If you are a parent: My parental rights (have or have not) been terminated. (circle one)

- ANY REPORT(S) CONTAINING MEDICAL INFORMATION, IS EXEMPT FROM DISCLOSURE.
- ALL RECORD REQUEST(S)/CHECK(S) SHALL BE APPROVED BY THE CHIEF OR CHIEF'S DESIGNEE BEFORE RELEASE OF ANY DOCUMENTS.

Signature

Date

OFFICE USE ONLY	Form of Identification:DL	State ID	Other: _____
	Request Taken By: _____		Date: _____
	Authorized for Release _____		Date: _____
	Reason Information NOT Released : _____		

Time Involved: _____ Reviewer _____ Preparer _____