

ONCE THIS FORM IS COMPLETE CLICK "EMAIL" BUTTON TO SUBMIT.

# VILLAGE OF BUTLER 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 *Village of Butler*. 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 Village of Butler Police Department 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.

**NOTE: Accident/Crash reports can be obtained from Wisconsin DOT here: <https://app.wi.gov/crashreports>**

Type of Record Requested:

- Disposition
- Incident Report - \$0.25 per page
- Digital Photos - \$5.00 per C.D
- 35mm Photos – Actual costs
- Digital Video/Audio - \$10.00 per DVD

*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: \_\_\_\_\_ Incident Number: \_\_\_\_\_ 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:

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: \_\_\_\_\_

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