

KAUKAUNA POLICE DEPARTMENT

144 West Second Street • Kaukauna, WI 54130
Telephone (920) 766-6333 • Fax (920) 766-6345

REQUEST FOR RELEASE OF INFORMATION

Your Request for Information will be submitted to our Records Department for review. We have 10 working days to respond to your request. Upon approval, a prepayment of \$3.00 is necessary to have the document mailed or faxed to you, or \$2.00 if picked up in person; there is no charge to have the document emailed to you.

DATE OF REQUEST _____

INFORMATION REQUESTED BY:

NAME _____ DATE of BIRTH _____

ADDRESS _____

DELIVERY METHOD EMAIL FAX MAIL PICK UP IN PERSON



EMAIL _____

PHONE _____ FAX _____

REASON FOR REQUEST _____

SIGNATURE _____



INFORMATION REQUESTED

CRASH REPORT INCIDENT REPORT OTHER

INCIDENT #

(If Incident # is not known, please fill in the information below.)

NAME OF PARTY (LAST NAME, FIRST NAME, MIDDLE INITIAL AND DATE OF BIRTH MUST BE INCLUDED).



(LAST NAME, FIRST NAME, MIDDLE INITIAL) (DATE OF BIRTH)

DATE OF INCIDENT _____ TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

AGENCY SPACE

REQUEST ACCEPTED BY _____ DATE _____

BILL \$2.00

BILL \$3.00

REPORT NUMBER RELEASED _____

PAID \$2.00

RECORD RELEASED BY _____

PAID \$3.00

DATE RELEASED _____