



ANTIGO POLICE DEPARTMENT

Dan Duley
CHIEF OF POLICE
DDULEY@ANTIGO-CITY.ORG

KYLE RUSTICK
CAPTAIN
KRUSTICK@ANTIGO-CITY.ORG

OPEN RECORDS REQUEST FORM

Juvenile information as well as personally identifiable information as defined in the Driver's Privacy Protection Act in 18 U.S.C. ss 2725(3) will be redacted from all reports unless exempted under 18 U.S.C. sec.2721. **It is a crime for any person knowingly to obtain, to make false representation to obtain, or disclose information from a Wisconsin Department of Transportation record under the DPPA.**

Date: _____

Case # _____

Type of Record(s) Requested: (Mark all that apply)

Accident Report Incident Report Photographs Other _____

I hereby certify I am requesting a report for use as follows:

Insurance – For use by any insurer, or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Attorney/Legal – For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of federal, state or a local court.

None of the Above – I am an individual involved in this accident/incident and my date of birth is _____

Other – Please specify use _____

.....
Name & DOB of Represented Client / Insured: _____

Policy or Claim No. / Court and Court Case # : _____

Date & Location of Accident / Incident: _____

Person Making Request: _____

Employed By and on Behalf of: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone # (Home / Cell) _____ Work: _____

JUVENILE RECORDS REQUEST REQUESTOR INFORMATION



ANTIGO POLICE DEPARTMENT

Dan Duley
CHIEF OF POLICE
DDULEY@ANTIGO-CITY.ORG

KYLE RUSTICK
CAPTAIN
KRUSTICK@ANTIGO-CITY.ORG

I am:

- ___ Biological Parent
- ___ Guardian named by court
- ___ Legal Custodian given legal custody of the child by court order
- ___ Husband who has consented to artificial insemination of wife
- ___ Parent by adoption
- ___ Non-marital biological father, where the child has not been adopted
- ___ Juvenile (14 years of age or older) – requesting one’s own report
- ___ Other (explain): _____

Signature of Person Requesting the Report: _____

Form of Identification: _____

.....

Comments:

- Please allow 5 to 10 working days for your request to be processed.
- We accept cash or checks made payable to the **ANTIGO POLICE DEPARTMENT**
- Prepayment is required for all requests over \$4.00

Fees:

Paper copy: 1-10 pages \$4.00 (over 10 pages, .10 per page)
Printed Pictures: .50 per picture
Disc \$3.00 / CD \$4.00

.....

**THE ANTIGO POLICE DEPARTMENT WILL RETAIN
ELECTRONIC/PHOTO COPIES OF ALL OPEN RECORD REQUESTS**

Date request received:	Request approved: ___ Yes ___ No
	*Partial request approved: ___ Yes ___ No ___ ID CHECKED
Reason for denial (if applicable):	Approved by signature: _____ Date: _____
	Fees Paid: ___ Yes ___ No
Reason for partial approval only/special instruction(if applicable)	Amount Paid: _____
	What was given: