



RIPON POLICE DEPARTMENT

A SAFE ENVIRONMENT THROUGH POLICE AND CITIZEN INTERACTION

100 E Jackson St ♦ Ripon, WI 54971 ♦ 920-748-2888 ♦ Fax: 920-748-5347

Records Request

Requester Name/Company: _____ Date of Request: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Email Address: _____

Date of Incident: _____ Location of Incident: _____

Incident #: _____ Requested Information: _____

Receipt Preference: Pick up in Person US Mail E-MAIL

- *NOTE: 1) Requested videos can be delivered by e-mail link only (your e-mail address must be provided).
 2) Printed copies of reports are billed at .25 per page.
 3) Open records requests may take up to ten (10) business days due to the volume of requests or the extent of information requested. If you are not in need of the information within ten (10) days, enter the date you wish to have the information by: _____

If the records custodian determines that your request is to be denied in whole or in part, you have the right to appeal through the court process. Refer to Wisconsin Statute 19.37(1).

Request: APPROVED DENIED DENIED IN PART

By: _____ Release Date: _____

- Denial Information: _____ Personal Identifiers (DOB, Phone, DL#, Address, etc)
 _____ Juvenile Information
 _____ Medical Information
 _____ Other: _____
 _____ See Attached Letter

Fee Charged: _____ Receipt #: _____