

WHEATLAND POLICE DEPARTMENT

REQUEST FOR RELEASE OF RECORDS INFORMATION

It is the policy of Wheatland Police Department to provide you with all the information to which you are entitled under state and federal laws. Please allow up to **10 days** for your request to be processed unless otherwise notified. Service charge for report requests: \$10.00 per copy of a report. Payment may be made in cash.

Date: _____ Date of incident: _____ Case#: _____

Location of incident: _____

APPLICANT INFORMATION

Name: _____ D.O.B. _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home/Cellphone: _____ Business Phone: _____ DL# _____ State _____

Name of agency requesting information: _____

Applicant Victim Suspect Driver Other

Identifier Passenger Insurance* Attorney _____

Information Parent/Guardian Police Officer Probation/Parole

*Insurance/Attorney representatives must provide proof of representation

Information Crime/Incident report Log Item Other

Requested Accident report Photographs

Reason for Court Investigation Other

Request Attorney Insurance

Certification I certify that under the penalty of perjury that I am, or represent the party of interest identified in the information listed hereon.

Signature: _____ Date: _____

12/18/2017

RECORDS DEPARTMENT ONLY

Identification verified:	Fees paid:	Authorization:	How information released:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved	<input type="checkbox"/> In person <input type="checkbox"/> FAX
	<input type="checkbox"/> N/A	<input type="checkbox"/> Denied	<input type="checkbox"/> Mail <input type="checkbox"/> Viewed

Reason for denial:

Disclosure would endanger the successful completion of the investigation.

Disclosure would endanger the safety of a witness.

Applicant is not and "involved" party.

Other _____

Applicant was advised of the denial: In person Mail Telephone FAX

Records request received by:

Approved/Denied By:

Records released by:

Date: _____

Date: _____

Date: _____

12/18/2017