



New Berlin Police Department

16300 West National Avenue, New Berlin WI 53151 • (262) 782-6640 • nbpolice.org

For administrative use: Total Cost: \$ _____
Check ID _____

Open Records Request Form

How was the request received? (Circle one) Email Phone In-Person Mail Fax

Date: _____ Taken By: _____

Requests will be fulfilled as soon as practicable and without delay (during business hours) based on the order in which they were received.

Requestor's Information

Name: _____ DOB: _____

E-mail address: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Requested Information

(Must be specific and NOT overbroad, not "all reports in the last 20 years." The request must ask for a record we already possess. We will not create a record for the requestor.)

This request is regarding information about:

- Crash Report Incident Report Body Cam Other: *please specify below*

Reason: _____

Incident Report #'s (if known): _____

Date (or date range) of Incident: _____

Type of Incident: _____

Address of Incident: _____

Names Involved: _____

How would you like to receive the record?

- Email (Fee) In person (Fee) Mail (Fee)

Fees: \$0.25/page, \$15.00/CD or DVD

