

NEW LONDON POLICE DEPARTMENT – REQUEST FOR OPEN RECORDS
700 SHIOCTON STREET, NEW LONDON, WI 54961

Pursuant to Chapter 19, of the Wisconsin State Statutes, I hereby request a copy of records currently in possession of the New London Police Department. Response to written requests for records shall comply with Chapter 19.35. A response to this request shall be made within 10 working days. I understand that by requesting copies, the following fee schedule applies:

Incident Reports: \$1.00 for first page, \$.25 additional pages
Accident Reports: \$3.00 Online
Photos: \$2.00 per page
CD: \$10.00 per
USB: \$10.00 per
Mailing Fee: \$1.00

OFFICE USE ONLY:
Charge : \$ _____
Fee Collected: \$ _____
Date Request Rcvd _____
Date Mailed/Other _____

Additional Fees posted at New London PD or upon request

Requested Report(s) – please provide as much information as possible (date, time, type of incident, person, case #, etc)

REQUESTOR NAME _____ PHONE _____

HOW RECEIVED: Mail In Person Phone Email/Fax
REQUEST APPROVED YES NO
PARTIAL APPROVED YES NO

RECORDS CUSTODIAN _____

REASON FOR DENIAL* _____

*if a written request for records is denied, the requester is entitled, under Section 19.37(1) of Wisconsin State Statutes, to have that action reviewed in an action for mandamus, or by application to the Waupaca County District Attorney's Office, or Wisconsin Attorney General.