

BUTLER POLICE DEPARTMENT

OPEN RECORDS REQUEST

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Also, please fill in all information requested. You will be contacted when your request is ready for review or pick-up in compliance with s.s.19.35(4).

In making this request I understand that I will be charged for the various services required. There is no cost to view the reports requested.

Requester's Name: _____ DOB: _____

Address: _____ Ph. No. _____

City: _____ State: _____ Zip: _____

Date of Request: _____

Request Received by: _____

How Received: Mail: _____ In Person: _____

Specific records requested: (Include names and (if possible) date of birth of the involved person(s), date and location of incident) _____

Offense Report Number: _____

Are copies requested: (Please initial your response) Yes _____ No _____

(TO BE COMPLETED BY APPROVING AUTHORITY)

Request approved: YES _____ NO _____ Authority _____

If denied reason for denial: _____

*** If denied: Denial can be reviewed by writ of mandamus procedure or upon application to the District Attorney of this county or the Attorney General of the State of Wisconsin

Photocopies: \$.25 for each 8.5" x 11" page.
 \$.30 for each 8.5" x 14" page.
 \$2.00 for mail requests plus the costs of the copies.

Photographs: \$2.00 per print (regular size)
 Enlargements based on the size and the amount
 charged by the Villages vendor.

Search hours: \$14.74 per hour

TOTAL COST: _____

How distributed: Employee _____ Mail: _____ In Person _____

**FEDERAL DRIVER PRIVACY
PROTECTION ACT PERMISSIBLE USES FORM**

Date of Request _____
Report # _____
For Agency Use Only

Based upon the Federal Driver's Privacy Protection Act, this Request must be completed before information containing personally identifiable information in the Police Report can be released without redaction. Knowledge of what access and uses are permitted under the listed Federal Act is the responsibility of the Requester.

SECTION I. REQUESTER INFORMATION:

Name of Person Completing Form: _____
Firm/Corporation: _____
Phone Number: _____
Street Address: _____

SECTION II. RECORD INFORMATION SHEET

Date of Accident/Incident: _____
Location of Accident/Incident: _____
Party Name to the Accident/Incident: _____

SECTION III. AUTHORIZATION

The Driver's Privacy Protection Act is enforced by the United States Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an accident report or other police record, or the information was acquired through the Wisconsin Department of Transportation System and it is determined that these records are used for purposes other than as stated in this Request.

I/We are authorized under the Federal Driver's Privacy Protection Act to obtain the identified accident/incident report and personal information based upon the following (mark all applicable boxes):

- 1. Authorized for use, if Requester has obtained the written and notarized consent from the person about whom the information pertains.
 - I am requesting a copy of my own record.
 - I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.
 - I am requesting the record of another person and have attached their written and notarized consent.

- 2. For use in connection with matters of a motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992 and the Clean Air Act.

- 3. A government agency (Federal, State, local or tribal) or employed by such, for the purposes of the government agency to carry out its official functions.

- 4. A Federal, State, Circuit, local or tribal court, or employed by such, for the purposes of the court to carry out its official functions.
- 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
 - a. Verify accuracy of the personal information;
 - b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceedings in any federal, state, circuit, local, or tribal 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 a federal, state, circuit, local, or tribal court. Client's Name: _____
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.
Date Range: _____ Kind/nature: _____
- 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
 - a. Claims investigation;
 - b. Anti-fraud activities;
 - c. Rating or underwriting. Client's Name: _____
- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

Certification

I(we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in civil and criminal penalties imposed under Title 18 U.S.C. Section 2724.

X _____
(Requester Signature)

(Date Signed)