

HARTFORD POLICE DEPARTMENT
109 N. Main St., Hartford, WI 53027 Tel: 262-673-2600, Fax: 262-673-8302
REQUEST FOR ACCESS TO OR COPY OF PUBLIC RECORD

TO BE COMPLETED BY PERSON REQUESTING ACCESS TO OUR COPY OF RECORD:

***** (If the record being requested involves a juvenile, Form HPD-13 is required to be completed. Form HPD-13 is on the reverse side of this form.) *****

Description of Record(s) to be inspected and/or a copy made. Include all information known to you.

Date and Time of Incident	Complaint Numbers (if known):	Location of Incident:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons Involved (name, date of birth, address, etc.): _____

PLEASE NOTE: Under state law a request for access to a public record "is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the records does not constitute a sufficient request". (19.35)(1)(h) Wis. Stats.

Name of Requester: _____
Mailing Address _____
City/State/ZIP _____
Phone Number: _____ - _____ - _____ Date of Birth: ____/____/____
Purpose of Request: _____

PLEASE NOTE: A request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request". (19.35)(1)(i) Wis. Stats. You are being asked to provide the information called for on a voluntary basis. Thank you.

This request will be destroyed if not paid for and picked up within thirty (30) days of being notified. Cost is \$.30 per page. Should the costs associated with reproduction of the requested record exceed \$5.00, prepayment of fees is required.

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(for Department Use Only)

Date and Time request received: ____/____/____ at ____:____ am/pm by: Employee # _____

Action taken:

<input type="checkbox"/> Approved	Reason for Denial: _____
<input type="checkbox"/> Approved in part and denied in part	_____
<input type="checkbox"/> Denied	_____

("this determination is subject to review by mandamus under 19.37(1)" Wis. Stats.)

Notification and Payment Information:

Total fee payment required: _____ pages x \$.30/page = _____ **If over \$5, prepayment is required.**

Date requester was notified that the request has been filled or that prepayment is required:

Date: ____/____/____	at ____:____ am/pm	by: Employee # _____
Date of prepayment: ____/____/____	at ____:____ am/pm	by: Employee # _____
Date notified request filled (prepay only): ____/____/____	at ____:____ am/pm	by: Employee # _____
Date of Pickup: ____/____/____	at ____:____ am/pm	by: Employee # _____

Legal Custodian Acting on Request: _____/____/____ HPD-20 (rev. 05-03)

**HARTFORD POLICE DEPARTMENT
JUVENILE RECORD INFORMATIONAL SHEET**

Instructions: The authorized Department official shall determine the identity of the Requester in information, selecting from the criteria below, and explain the respective area which informs the requester the statutory limitations for which the information obtained may be used. The requester must sign the acknowledgment.

() VICTIM-WITNESS COORDINATOR

Under this request, you may use the information only for the purpose of enforcing the rights under the constitution, under Chapters 938 and 950, and for the provision of services under Chapter 950.

() MEDIA REPRESENTATIVE

Under this request, you may use the information only for the purpose of reporting news without revealing the identity of the juvenile(s) involved.

() INSURANCE COMPANY REPRESENTATIVE

Under this request, you may obtain information relating to the injury, loss or damage suffered by the victim, including the name and address of the juvenile and the juvenile's parents. You may use and further disclose the information only for the purpose of investigating a claim arising out of the juvenile's act.

() SCHOOL DISTRICT ADMINISTRATOR

Under this request, the information obtained shall be used by the school district as provided under s. 118.127 (2) or 118.127 (3).

() VICTIM OF A JUVENILE'S ACT

Under this request, you may use and further disclose the information only for the purpose of recovering for the injury, damage or loss suffered as a result of the juvenile's act.

() WITH WRITTEN PERMISSION

Under this request, you are entitled to have disclosed to you any reports specifically identified by the parent, guardian, legal custodian or juvenile 14 years of age or over which is contained within the written permission.

Acknowledgment: I have been informed of the statutory limitations in which I may use or further disclose the information requested:

***** After this document has been disclosed to you, further disclosure on your part is subject to penalty of law. *****

Signature of Requester

Signature of Police Official