CITY OF OCONTO POLICE DEPARTMENT
OFFICIAL REQUEST FOR PUBLIC RECORDS UNDER THE WISCONSIN OPEN RECORDS LAW

Upon Receipt, Date Stamp Here.

Requestor Information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

Please describe the incident requested below:

Person involved in Report (if known) _____

Date/Time of Incident _____

Type/Nature of Incident _____

Location Incident Occurred _____

Police Department Case Number (if known) _____

The above records are requested for: ☐ Inspection ☐ Copy

Standard black and white copies will be provided at .25 cents per page. Color copies of images will be provided at $1 per page.

Is this request being made for a commercial purpose? ☐ Yes ☐ No

NOTE: "Commercial purpose" means the use of any part of a public record or any information derived from a public record in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the City.

- **The City of Oconto will respond to this request within ten (10) business days. If responding to the request requires an extension of time of up to five (5) additional business days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days. If your request is denied you may contact the Wisconsin Attorney General office at Attorney General J.B. Van Hollen Department of Justice Post Office Box 7857 Madison, WI 53707-7857**

_____ _____

(Requestor Signature) **(Date)**

For Police Requests: **Police Chief Michael Rehberg, 1210 Main St. Oconto, WI 54153**

FOR OFFICE USE ONLY

Request Received By: _____ **Date:** _____

Document(s) made available on: _____ **Inspection Pickup U.S. Mail** (circle)

Fees Collected: $_____**/Copies $**_____ **/Certification $**_____ **/Other**

COMPLETE BELOW IF ACCESS TO ANY RECORD(S) IS DENIED

Reason for Denial (cite FOIA exemption): _____

_____

_____

_____

_____

_____

_____

_____

_____

Name/Title of Officer Issuing Denial: _____

Date of Response: _____ **Attach copy of all written responses for file.**

REVIEWED BY: _____ ENTERED INTO FILE ON: _____