

TO BE COMPLETED BY PERSON REQUESTING RELEASE OF INFORMATION*(Please PRINT all information)*

- Your request will be processed as soon as possible.
- **Contact this department to determine the outcome of your request at (262) 335-5016.**
- If it involves multiple reports or is older than 2009, it could take a week or longer to process.
- The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. § 2721) prohibits the disclosure of certain "personal information" or "highly restricted personal information" which originates from a State motor vehicle record. Under current controlling law, disclosure of each item "personal information" or "highly restricted personal information" must be justified by the specific permissible use identified below. Failure to provide such justification may result in redaction of the record requested. Such information shall not knowingly be disclosed or otherwise made available without the express consent of the person to whom the information pertains or unless specifically permitted by the DPPA. For purposes of determining whether such information should be released or redacted, please complete Section III of this form.

SECTION I: Requested Information

DATE(S) OF INCIDENT:	INCIDENT NUMBER(S):	CHECK WHAT APPLIES: Requesting: <input type="checkbox"/> REPORT - .25 PER PAGE <input type="checkbox"/> PHOTOS - \$5.00 <input type="checkbox"/> AUDIO - \$5.00 <input type="checkbox"/> VIDEO - \$5.00
LOCATION OF INCIDENT:		
TYPE OF INCIDENT:		
PERSON(S) INVOLVED: LAST NAME, FIRST NAME, MIDDLE NAME	SEX / RACE	DATE OF BIRTH
RELATIONSHIP TO SUBJECT(S) IN THE INFORMATION BEING REQUESTED: <input type="checkbox"/> PARENT OF SUBJECT INVOLVED <input type="checkbox"/> OTHER: _____		
PURPOSE OF REQUEST: (be specific)		
REQUEST NEEDED FOR: <input type="checkbox"/> COURT <input type="checkbox"/> RESTRAINING ORDER <input type="checkbox"/> INSURANCE PURPOSES <input type="checkbox"/> BACKGROUND CHECK <input type="checkbox"/> MILITARY		
COURT DATE: _____ <input type="checkbox"/> OTHER: _____		

SECTION II: Requester Information

REQUESTOR NAME: (please print)	DATE OF BIRTH	PHONE NUMBER
MAILING ADDRESS OF REQUESTOR: (ADDRESS, CITY, STATE, ZIP)		

SECTION III: Authorization

I/We are authorized under the Federal Driver's Privacy Protection Act (DPPA) to obtain the personal identifying information as contained in West Bend Police Department records based upon the following (mark all applicable boxes):

1. Authorized for use, if Requester has obtained the written consent from the person 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 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 vehicle, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-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 purpose of the government agency to carry out its functions.
4. A federal, state, circuit, local, or tribal court or employed by such, for the purpose of the court to carry out its 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, 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 proceeding 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. Specific proof that this permissive use applies is required.

Requestor is: Attorney Client's Name: _____

- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, re-disclosed, or used to contact individuals.
- 9. Authorized representative, agent, contractor, or employed by such, or an insurer, insurance support organization or self-insured entity and the record being requested will only be used 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 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.

The Federal Driver's Privacy Protection Act (DPPA) is enforced by the United State 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 and the information was acquired through the Transaction Information For The Management Of Enforcement (TIME) System and it is determined that these records are used for the purposes other than as stated in this form.

SECTION IV: 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 that stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this result may result in penalties imposed under Title 18 U.S.C. Section 2724.

Signature of Requester: _____ Date: _____

SECTION V:

Juvenile Record Information Worksheet

Instructions: Juvenile information within the requested report will be redacted unless the Requester is able to obtain the information within statutory limitations by making the appropriate selection below. The requester must sign the acknowledgment.

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.

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).

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: _____

TO BE COMPLETED BY

WEST BEND POLICE DEPARTMENT

DATE/TIME OF REQUEST: _____

INITIALS OF RECEIVING _____

ACTION TAKEN ON REQUEST:

APPROVED: _____

APPROVED IN PART / DENIED IN PART: _____

DENIED: _____

FEE DUE BY REQUESTER: \$ _____

NAME / TITLE OF LEGAL CUSTODIAN OR ACTING ON REQUEST: _____

DATE / TIME ACTION COMPLETED: _____