

# ROTSCHILD POLICE DEPARTMENT REQUEST FOR INFORMATION

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Check One:  Purchase a Copy  
 Read Only

Name
Street
City, State, Zip
Telephone #

Information Requested (Include date, locations and parties involved in incident):

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Purpose of Request: \_\_\_\_\_

*(Office Use Only)*

*Approved* Information Released: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**District Attorney's Office Notified**                      **Date** \_\_\_\_\_

*Denied* Reason the Information was NOT Released:

<input type="checkbox"/> Right to Fair Trial	<input type="checkbox"/> Release by Permission of Chief Only
<input type="checkbox"/> Possible City Liability	<input type="checkbox"/> Safety of Witnesses or Complainants
<input type="checkbox"/> Confidential Information	<input type="checkbox"/> Illegal Purpose
<input type="checkbox"/> Ongoing Investigation	<input type="checkbox"/> Privacy
<input type="checkbox"/> Juvenile Records	<input type="checkbox"/> Investigative Techniques or Protective Procedures

Other: \_\_\_\_\_

*No Record  
On File*

\_\_\_\_\_  
*Legal Custodian*

\_\_\_\_\_  
*Date*

*The Rothschild Police Department's decision to deny either the entire request or a portion thereof for release of record information is subject to review by mandamus under Wisconsin §19.37(1) or upon application to the Attorney General or District Attorney.*