

Incident Report Request Form

- Print the form located below, fill out and mail to:

**Oshkosh Police Department
Records Division
420 Jackson Street
PO Box 1130
Oshkosh, WI 54902-1130**

- **If the Incident Report contains juvenile information:**
 - The report must be picked up at the OPD Customer Service Desk and the person picking up the report must show a photo ID or the report is subject to redaction. Redacted copies will have personal information blacked out.
 - If the Incident Report must be mailed / emailed, and contains juvenile information, we must first receive a notarized copy of a photo ID.



City of Oshkosh
Police Department

Person / Business Making Request: _____

Address: _____

Street	City	State	Zip
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Date of Request: _____ Tel # (Home): _____ (Work): _____

Name of Person(s) / Business listed on the Incident Report (Complete name required)

Last Name	First Name	Middle Initial	Date of Birth
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Name of Business

Date and Time of Occurrence:

Location of Incident:

Incident Report Number if known:

I would prefer: _____ To pick up the report in person at the Oshkosh Police Department
(You will not be notified when the request is ready for pickup)

* *Must present photo ID when picking up the report.*

_____ Have the requested information mailed to the above address
* *Must present photo ID when making the request so the report can be mailed.*

_____ Have the information emailed. Please provide email address:
** Must present photo ID when making the request so the report can be emailed.*

_____@_____

- Reports that are mailed or emailed that contain juvenile/medical information are subject to redaction
- Please allow 5-10 business days for your request to be processed

Fees:	Duplicating Costs	Incident Report= \$0.25 per page Electronic Images= \$1.50 per disk (Disks can only be mailed or picked up)
	Mailing Fees	\$2.00 (plus duplicating costs) No charge for emailing reports

If it is anticipated that the cost of locating records will exceed \$50.00, you will be contacted and required to pre-pay the estimated cost of the location and reproduction of the records. If the cost of reproduction of the record is expected to exceed \$5.00, you may be contacted and requested to pre-pay these costs.

Individuals requesting reports containing juvenile information must complete the reverse side of this form.

Juvenile Reports may be released to the following persons, subject to departmental policy. To allow us to appropriately review your request, please check all the following that apply. Documentation confirming the requestor's identification, as indicated in the next section, will be required prior to the release of information or records requested.

I am: _____ Biological parent
_____ Guardian named by court
_____ Legal custodian given legal custody of the child by court order
_____ Husband who has consented to artificial insemination of wife
_____ Parent by adoption
_____ Non-marital biological father, where the child has not been adopted
_____ Juvenile (14 yrs of age or older) – requesting one's own report
_____ Victim of the juvenile's act **(for the sole purpose of recovering injury, damage or loss suffered as a result of the juvenile's act)**
_____ Victim's insurer **(when court ordered restitution has not been made within 1 year – for the sole purpose of investigating the claim)**
_____ Insurance company and/or representing attorney – with a signed / written release from the juvenile's parent, guardian, or legal custodian.

If you are a parent: My parental rights **have / have not** been terminated. (circle one)

Signature of person requesting the report _____