

**CITY OF MILACA POLICE DEPARTMENT INFORMATION DISCLOSURE REQUEST**

The following information is required to determine if the requested information is public or not public. If determined to be not public, additional information may be requested.

Date Requested \_\_\_\_\_

Description of the information you are requesting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident \_\_\_\_\_

Name(s) involved in the report

\_\_\_\_\_  
\_\_\_\_\_

You are being asked to supply information that may be private or confidential information about yourself. Such information will be used by this department to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data.

Requester Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**How would you like to receive your report?**

Pick Up In Person                      Email                      US Mail

**\*To be completed by Police Department Staff\***

Request Taken By (initials) \_\_\_\_\_ Reviewed By \_\_\_\_\_ Case # \_\_\_\_\_

**Information Classified As**

Public                      Non-Public                      Approved  
Private                      Protected Non-Public                      Approved (in part)  
Confidential                      Denied

Reason for Denial including Statute Section

\_\_\_\_\_  
\_\_\_\_\_

Authorization Release Signature/Title

Requestor Signature \_\_\_\_\_