

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)

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 _____