

CITY OF JANESVILLE POLICE DEPARTMENT  
INFORMATION DISCLOSURE REQUEST

**A. TO BE COMPLETED BY REQUESTOR**

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.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING:	DATE REQUESTED:
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You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data 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. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, Middle):	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	ALTERNATE PHONE NUMBER:
E-MAIL:	SIGNATURE

**B. TO BE COMPLETED BY POLICE DEPARTMENT STAFF**

Open/Active Exceptionally Cleared	Open/Inactive Cleared by Arrest	Adult Juvenile	CASE # _____	CASE # _____
REQUEST TAKEN BY (initials) _____			CASE # _____	CASE # _____
REVIEWED BY INVESTIGATOR _____			CASE # _____	CASE # _____
INFORMATION CLASSIFIED AS:			ACTION:	
PUBLIC	NON-PUBLIC		APPROVED	
PRIVATE	PROTECTED NON-PUBLIC		APPROVED IN PART (EXPLAIN)	
CONFIDENTIAL			DENIED (EXPLAIN BELOW)	
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:				
PHOTOCOPYING CHARGES: If there is no charge leave blank.				
_____ (# of pages) X _____ (copy charge per page) = _____ (total cost) by _____ (initials)				
Authorized Release Signature/Title:			Date:	
Requestor Signature:			Date:	
Identity verified for PRIVATE information:				
Driver's License, State ID Comparison Signature on File Other (identify)				
(Attach copy of identification used)				

**\$ 5.00 Fee**