



TOWN of HARTFORD POLICE DEPARTMENT

3360 Highway K
Hartford, Wi. 53027-9799
Telephone: 262-673-7214
Fax: 262-673-7066



OPEN RECORDS REQUEST INFORMATION

The majority of our records are available publicly to be obtained. To do so, please review the information located on this page.

Town of Hartford Police Department reports may be requested in person during business hours, by fax (262) 673-7066, or via US Postal Service at the following address:

Town of Hartford Police Department
ATTN: Records
3360 Highway K
Hartford, WI 53027-9979

Persons requesting reports will be required to fill out the attached form detailing the particular records requested. The request will be researched and contact the requesting party when the records are available for pick up. There is a fee of \$0.25 per page for Open Record copies.

Crash Reports: To obtain a crash report, the requestor must have one of the following: The Police Report Number, Date of Crash, or the Last name of a person involved.

Redaction Fee: A fee may be imposed for the actual cost, including staff time, to redact portions of records not disclosable under Wisconsin's public records law, i.e., social security number, home address, health care information.

Location Fee: A separate fee may be imposed for staff time used to locate and/or assemble records, or to create a computer program/query if the cost is \$50 or more. To determine the fee when reimbursement for staff time is allowed, multiply the hourly cost of the affected staff member by the time used to locate and assemble records. The location fee shall be determined separately from the other fees listed herein.

Additional charges: may be added as required to cover the costs of complying with a specific request. Requests which exceed a total cost of \$5.00 may require prepayment. The requestor will be notified if such costs arise. All requests will be processed as soon as practicable and without delay.

The requestor will be notified via email or phone as to the time and date to pick up their requested reports at the town hall or police department.

The request should be as specific as possible and current contact information should be included if we need to clarify the exact nature of the request.

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Recycled
Paper



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RELEASE OF INFORMATION REQUEST

REQUESTED BY: _____ DATE OF BIRTH ____/____/____
Last Name, First M.I.

Street Address City State Zip Code (Area) Phone No.

BUSINESS NAME, IF APPLICABLE: _____

Email Address: _____

CHECK ONE: ___ Police Agency ___ Attorney ___ Insurance Company
 ___ Social Services ___ Citizen ___ Complainant
 ___ Defendant ___ Other (Explain): _____

DATE OF REQUEST: ____/____/____ TIME: _____ AM / PM

INFORMATION REQUESTED (Be Specific):
Incident / Accident / Photos / Records Check / Citation / Other _____ (circle one)

1) Records Concerning: _____

2) Name of Individual: _____
Last Name, First M.I.

Date of Birth: ____/____/____

3) Date(s) of Occurrence(s): _____

4) Other Information: _____

****Email completed form to: mcgee@thpd.us**

(DO NOT WRITE BELOW THIS LINE---FOR OFFICE USE ONLY!!!)

INCIDENT # _____

INFORMATION RELEASED: _____

REASON INFORMATION NOT RELEASED: _____

We are required by state law to inform you that this determination is subject to review by mandamus under S. 19.37 (1) Wisconsin Statutes or upon application to the attorney general or a town attorney.

SUPERVISOR'S SIGNATURE: _____

TIME _____ DATE _____

Revised: 01/17

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