

Jeffrey G. Tauscheck
Chief of Police



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REQUEST FOR RECORDS

Date: ___/___/___

Requestor Name: _____ Phone: _____-_____-_____

Requestor Address: _____

Request for: _____
example: Incident Reports / Name History

Reason for Request: _____

Date & Time of Incident: ___/___/___ _____ am / pm

Incident number / Persons Involved / Address:

*All sections are optional, request will be filed, approved or denied using the information provided.

OFFICE USE ONLY

Approved / Denied BY: _____ Denial Letter Sent: ___/___/___

Contact made on: ___/___/___ BY: _____ LEFT VOICEMAIL

Total number of pages: _____ X .25 = **TOTAL DUE:** _____

AMOUNT PAID: _____ **DATE PAID:** ___/___/___ **RECEIVED BY:** _____