



Jackson Police Department
Police Chief Michelle Weber
 PO Box 1687 / 150 East Pearl Avenue
 Jackson, Wyoming 83001

www.jacksonholepolice.com
 307-733-1430 phone
 307-733-3241 fax
 jpdic@jacksonwy.gov
EFFECTIVE 12-14-2021

REQUEST FOR POLICE INCIDENT REPORT

PLEASE PRINT LEGIBLY

INFORMATION ON PERSON MAKING REQUEST

FULL NAME OF REQUESTING PARTY: _____

EMAIL ADDRESS: _____ @ _____

MAILING ADDRESS: _____

CITY ST ZIP

TELEPHONE: (c) _____ (w) _____

COLOR COPY OF DRIVER LICENSE OR GOVERNMENT-ISSUED ID PROVIDED / ATTACHED

DESCRIBE THE RECORD YOU ARE SEEKING

INCIDENT DATE (OR RANGE): _____ REPORT NUMBER: _____ - _____

WHERE DID INCIDENT HAPPEN (ADDRESS): _____

TYPE OF INCIDENT: _____ REASON FOR REQUEST: _____

FULL NAME OF PERSON INVOLVED: _____ DATE OF BIRTH: _____

RELATIONSHIP TO PERSON REQUESTING RECORD: SELF SPOUSE CHILD CLIENT _____

ADDITIONAL INFORMATION PROVIDED WITH REQUEST: _____

INDICATE HOW YOU WISH TO RECEIVE THIS RECORD AND CALCULATE YOUR ***ESTIMATED*** FEE TO FULFILL THIS REQUEST.
ESTIMATED FEES WILL BE RECALCULATED BASED ON THE ACTUAL RECORD AND YOU WILL BE CONTACTED.

PREFERRED DELIVERY METHOD OF RECORD: EMAIL PICK UP MAIL

		<u>QUANTITY</u>	<u>TOTAL</u>
<input type="checkbox"/> POLICE REPORT (REQUIRING REDACTION)	\$14.00 EACH	_____	_____
<input type="checkbox"/> DVD / MEDIA (AUDIO OR VIDEO RECORDING)	\$14.00 EACH	_____	+ _____
<input type="checkbox"/> RESEARCH / COMPILATION (OUTSIDE WORK PLAN)	\$15.50/HOUR	_____	+ _____
			= \$ _____ TOTAL EST. FEE

(continued >)

PLEASE READ BEFORE SIGNING

- The decision to disclose or refrain from disclosing investigative reports in question is a matter of Jackson Police Department discretion.
- Records not yet adjudicated should be requested directly from the city or county attorney's office.
- Insurance / Legal Agencies may request records via email or fax on company stationery.
- Provide a color copy of your photo ID with your request.
- Please allow seven (7) days after submission for a copy of report or an update on the status.
- Email this completed request form to: JPDIC@jacksonwy.gov

JACKSON POLICE DEPARTMENT RECORDS WILL BE RELEASED ACCORDING TO WYOMING STATE STATUTES.

I understand a fee may be incurred depending on the nature of the report and such fee will be paid before records are released.

I have read the information concerning what records will not be released (above). I understand the Jackson Police Department will make reasonable efforts to comply with the Wyoming Public Records Act.

I hereby request the previously described Jackson Police Department report(s).

SIGNED: _____ DATE: _____

Return this completed form along with a copy of your ID, to the Front Desk at the Jackson Police Department, email to jpdic@jacksonwy.gov, or fax to 307-733-3241.