

## Instructions for Menasha Police Department Records Division Inspection Request-

- Print this form out on your computer. The printer form must be legible and in its original format.
- This form needs to be filled in completely.
- If you have any question regarding this form, contact our Records Division between the hours of 7am-2pm, Monday through Friday at (920) 967-3597.
- The completed form can be either emailed, faxed, dropped off at or mailed to:

The Menasha Police Department  
Records Division  
430 First Street  
Menasha, WI 54952

Faxed to (920) 967-5145

Emailed to [police\\_pd@menashawi.gov](mailto:police_pd@menashawi.gov)

## Menasha Police Department

### Driver's Privacy Protection Act/Disclosure of Records

The City of Menasha Police Department, per the Driver's Privacy Protection Act/Disclosure of Records, requires the requestor to submit the following information regarding the release of records derived from the Department of Motor Vehicles. By completing this form, the requestor understands that falsifying this request may result in criminal penalty.

Printed Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

I have read and understand the information provided. \_\_\_\_\_ (Please initial).

Please fill out the following information regarding the accident:

Case Number: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Location and/or Address of Accident: \_\_\_\_\_

Driver/Vehicle Owner #1: \_\_\_\_\_

Driver/Vehicle Owner #2 (if known): \_\_\_\_\_

Other Drivers Involved (if known): \_\_\_\_\_

I will pick up the report in person.  Email the report to (email address): \_\_\_\_\_

To allow the Menasha Police Department to review your request, a valid permissible use exception to the DPPA must apply. Indicate which of those exceptions is applicable (Please check one):

\_\_\_\_\_ I am one of the drivers involved in the accident.

\_\_\_\_\_ I am the owner of a vehicle involved in the accident.

\_\_\_\_\_ I was an occupant in a vehicle involved in the accident. Name: \_\_\_\_\_

\_\_\_\_\_ I am the attorney and/or law firm that has been retained by \_\_\_\_\_

I am requesting the reports for the purpose of investigation in anticipation of litigation or in connection with a civil, criminal, administrative or arbitral proceeding.

\_\_\_\_\_ I am the insurance company representing the driver. Name of the driver involved:

\_\_\_\_\_

\_\_\_\_\_ Other (Please provide details as to why you believe this exception applies to you):

\_\_\_\_\_

**Your request will be reviewed and processed within ten (10) business days.**

Released by: \_\_\_\_\_ Date: \_\_\_\_\_