

PHONE: 715-822-2754

CUMBERLAND POLICE DEPARTMENT

Case # _____

FAX: 715-822-8604

Public Records Request

* * * *

Date of Request: _____ Time: _____ Purchase a Copy Read Only

I hereby am requesting the following:

- Accident Report
- Photographs on CD
- Background Check
- Incident Report Narrative
- Squad Digital Video Recording
- Dispatch Event #

For Use as follows:

- Insurance Organization
- Attorney / Legal Representation
- Other – Please Explain _____

Accident / Incident Information Requested

Name and DOB of Insured / Represented Client _____

Claim# / Court Case Number _____ Cumberland P. D. Case # _____

Location of Accident / Incident _____

Date of Accident / Incident: _____

Requester Information

Contact Person _____

Business Name _____

Address _____

Telephone # _____ Fax # _____

Office Use Only

- Approved
- Denied
- No Record on File

Information Released

Legal Custodian

Date

E-mail completed form to: frisingeram@gmail.com