**Open Records Request for Police Records**

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| Police District Requesting Records From |
| Email Address of District Record Manager if Submitting Request by Email |
| Fax Number of District if Submitting Request by Fax |

**The Division of Milwaukee Child Protective Services is investigating a report of child abuse/neglect involving the individual(s) listed below. We are requesting that you provide police records of incidents related to**       **between the dates of**       **and**      **.**

|  |  |
| --- | --- |
| Name (Last, First, Middle) | |
| Known Alias Name(s) (Last, First Middle) | |
| Home Address | Date of Birth or Approximate Age |
| Alternate Address(es) | |
| Municipality | |

|  |  |
| --- | --- |
| Name (Last, First, Middle) | |
| Known Alias Name(s) (Last, First Middle) | |
| Home Address | Date of Birth or Approximate Age |
| Alternate Address(es) | |
| Municipality | |

**Division of Milwaukee Child Protective Services Initial Assessment Specialist Requesting Records**

|  |  |
| --- | --- |
| Name – Initial Assessment Specialist (Last, First) | Telephone Number |
| Email Address | Fax Number |

**Additional Information / Comments**

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