**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**      **.**

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

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| 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**

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

**Additional Information / Comments**

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