

Jackson Police Department

PO BOX 1687

Jackson, WY 38001

Fax: 307-733-3241

Todd Smith, Chief

Phone: 307-733-1430



REQUEST FOR INCIDENT REPORT

For reports longer than **10** pages, **10 cents** per page will be charged. If mailed, a fee of \$5.00 plus the cost of copies (prepaid) will be charged.

The following information will not be released: Records that involve criminal history records, records pertaining to minors, records of sexual assault investigations or records obtained through a 911 emergency telephone system. The decision to disclose or refrain from disclosing the investigative reports in question is a matter of Jackson Police Department discretion.

Additionally, Jackson Police Department files may include confidential information, such as medical records, coroner's reports, and confidential reports issued by other agencies or companies and individuals. This information **will not be released**. Graphic or sensitive photographs and personal information of people or corporations who have contributed documents or information to aid in the investigation **will not be released** without a court order.

In addition, the disclosure of law enforcement investigative reports may be contrary to the public interest. The reasons vary from case to case. Disclosure of the reports under some circumstances would severely hinder the integrity of the investigation and the subsequent criminal proceedings. It may also damage the reputation of a person who is initially a suspect but later absolved of any wrongdoing. In such instances, the report **will not be released**.

Please print legibly.

TYPE OF INCIDENT: _____
PHYSICAL ADDRESS OF INCIDENT: _____ DATE OF INCIDENT: _____
DEFENDANT, VICTIM or CLIENT'S FULL LEGAL NAME (If applicable) **please circle one:** _____

DOB: _____ CALL FOR SERVICE OR CASE NUMBER: _____

Please check those items requested: Photos Video Report Event log Body camera video

Full Legal name of person requesting item(s): _____

Agency you represent (if applicable): _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Date of Birth: _____

TELEPHONE: _____ (H) _____ (W) _____ (C) _____

I hereby request a copy of the below described Jackson Police Department report(s). I understand the Jackson Police Department will make a reasonable effort to comply with the Wyoming Public Records Act.

SIGNED: _____ DATE: _____

You will need to provide your photo ID when placing this request. Photocopy (in color) of government ID on back of this form completed by staff. A color copy of photo ID can be emailed to our office to go with the completed application.

EMAIL: Investigations: JPDInvestigations@jacksonwy.gov

Please use the back to provide any other information that will help us find the documents you are seeking.

Office use only

REPORT RELEASED: YES NO REASON: _____

CASE REPORT (S) #: _____

RELEASE AUTHORIZED BY: _____ BADGE: _____ DATE: _____

NOTE: Please allow seven (7) days after submission for a copy of report or an update on the status. Thank You!

Western Heritage

"We enhance the quality of life and provide for the safety and security of residents & visitors through professional police services"

Community Pride

Some limited information about arrests of an individual may be available to you on-line using a public records search engine that is separate from this request and can be done on your own.