

Jackson Police Department
PO BOX 1687 150 E. Pearl Avenue Jackson, WY 38001
Fax: 307-733-3241 Phone: 307-733-1430
Acting Chief Michelle Weber



REQUEST FOR INCIDENT REPORT

AGENCIES MAY REQUEST RECORDS VIA FAX ON COMPANY STATIONERY. RECORDS NOT YET ADJUDICATED SHOULD BE REQUESTED DIRECTLY FROM THE CITY OR COUNTY ATTORNEY'S OFFICE.

PLEASE ALLOW SEVEN (7) DAYS AFTER SUBMISSION FOR A COPY OF REPORT OR AN UPDATE ON THE STATUS.
EMAIL REQUEST TO INFORMATION COORDINATORS: JPDIC@jacksonwy.gov
PLEASE PROVIDE A COLOR COPY OF YOUR PHOTO ID WHEN USING THIS FORM TO COMPLETE YOUR REQUEST.

THE FOLLOWING 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.**
- 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.
- 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.
- 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.

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. I HAVE READ THE INFORMATION CONCERNING WHAT RECORDS WILL NOT BE RELEASED (ABOVE).

SIGNED: _____ DATE: _____

PLEASE PRINT LEGIBLY

PLEASE CHECK APPROPRIATE BOX: ALL RECORDS OR REPORT NUMBER: _____

DATE OF INCIDENT: _____ TYPE OF INCIDENT: _____

PHYSICAL ADDRESS OF INCIDENT: _____

FULL LEGAL NAME OF INVOLVED: _____ DATE OF BIRTH: _____

PLEASE CIRCLE INVOLVED PARTY: CHILD, PARENT, CLIENT, DEFENDANT, VICTIM OR SELF

PLEASE CHECK REQUESTED ITEM(S): PHOTOS VIDEO REPORT OR CALLS FOR SERVICE LOG

FULL LEGAL NAME OF REQUESTING PARTY: _____

EMAIL ADDRESS: _____ @ _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

Western Heritage

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

Community Pride

