



**Jackson Police Department**  
**Police Chief Michelle Weber**  
 PO Box 1687 / 150 East Pearl Avenue  
 Jackson, Wyoming 83001

www.jacksonholepolice.com  
 307-733-1430 phone  
 307-733-3241 fax  
 jpdic@jacksonwy.gov  
 Updated 6-9-2022

# REQUEST FOR POLICE INCIDENT REPORT

PLEASE PRINT LEGIBLY

## INFORMATION ON PERSON MAKING REQUEST

FULL NAME OF REQUESTING PARTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 CITY ST ZIP

TELEPHONE: (c) \_\_\_\_\_ (w) \_\_\_\_\_

COLOR COPY OF DRIVER LICENSE OR GOVERNMENT-ISSUED ID PROVIDED / ATTACHED

## DESCRIBE THE RECORD YOU ARE SEEKING

INCIDENT DATE (OR RANGE): \_\_\_\_\_ REPORT NUMBER: \_\_\_\_\_ - \_\_\_\_\_

WHERE DID INCIDENT HAPPEN (ADDRESS): \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_ REASON FOR REQUEST: \_\_\_\_\_

FULL NAME OF PERSON INVOLVED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO PERSON REQUESTING RECORD:  SELF  SPOUSE  CLIENT  OTHER: \_\_\_\_\_

CHILD - SIGNATURE OF MINOR (UNDER 18) IS REQUIRED FOR POTENTIAL RELEASE (SEE 2ND PAGE)

ADDITIONAL INFORMATION PROVIDED WITH REQUEST: \_\_\_\_\_

INDICATE HOW YOU WISH TO RECEIVE THIS RECORD AND CALCULATE YOUR **\*ESTIMATED\*** FEE TO FULFILL THIS REQUEST.  
**PLEASE NOTE: \*ESTIMATED\* FEES WILL BE RECALCULATED BASED ON THE ACTUAL RECORD AND YOU WILL BE CONTACTED.**

PREFERRED DELIVERY METHOD OF RECORD:  EMAIL  PICK UP  MAIL

		<u>QUANTITY</u>	<u>TOTAL</u>
<input type="checkbox"/> POLICE REPORT (REQUIRING REDACTION)	\$14.00 EACH	_____	_____
<input type="checkbox"/> DVD / MEDIA (AUDIO OR VIDEO RECORDING)	\$14.00 EACH	_____	+ _____
<input type="checkbox"/> RESEARCH / COMPILATION (OUTSIDE WORK PLAN)	\$15.50/HOUR	_____	+ _____
			= \$ _____ TOTAL EST. FEE

(continued on back>)

**PLEASE READ BEFORE SIGNING**

**JACKSON POLICE DEPARTMENT RECORDS WILL BE RELEASED  
ACCORDING TO WYOMING STATE STATUTES.**

- The decision to disclose or refrain from disclosing investigative reports in question is a matter of Jackson Police Department discretion.
- Records not yet adjudicated should be requested directly from the city or county attorney's office.
- Insurance / Legal Agencies may request records via email or fax on company stationery.
- Provide a color copy of your photo ID with your request.
- Please allow seven (7) days after submission for a copy of report or an update on the status.
- Email this completed request form to: [JPDIC@jacksonwy.gov](mailto:JPDIC@jacksonwy.gov)

I understand a fee may be incurred depending on the nature of the report and such fee will be paid before records are released.

I have read the information concerning what records will not be released (above). I understand the Jackson Police Department will make reasonable efforts to comply with the Wyoming Public Records Act.

I hereby request the previously described Jackson Police Department report(s).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

The person alleged to be involved in the requested report is under eighteen (18) years of age and, in conjunction with one (1) of their parents, authorizes the release of any report that may exist. (WS §14-6-203)

(MINOR) SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(PARENT) SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Return this completed form along with a copy of your ID, to the Front Desk at the Jackson Police Department, email to [jpdic@jacksonwy.gov](mailto:jpdic@jacksonwy.gov), or fax to 307-733-3241.