



**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

## REQUEST FOR POLICE INCIDENT REPORT

Updated 6-30-2025

### PLEASE READ:

- There is a \$17.00 fee for Police Reports. Fees are set by Jackson Town Council Resolution #25-14.
- Allow up to seven (7) days after submission for the report or to receive an update on the status.
- The decision to disclose or refrain from disclosing investigative reports in question is a matter of Jackson Police Department discretion.
- If you are the defendant in an open criminal case, you must request the report from the prosecuting attorney's office.
- Jackson Police Department records will be released according to Wyoming State Statutes.
- Insurance / Legal Agencies may request records via email or fax on company stationery.
- Email this completed request form to: [JPDIC@jacksonwy.gov](mailto:JPDIC@jacksonwy.gov)

### INFORMATION ON PERSON MAKING REQUEST

**PLEASE PRINT CLEARLY**

NAME OF REQUESTING PARTY:

EMAIL ADDRESS:

MAILING ADDRESS:

CITY

ST

ZIP

TELEPHONE: (C)

(W)

ATTACH A COLOR COPY OF DRIVER LICENSE OR ID.

STATE AND NUMBER:

### DESCRIBE THE RECORD YOU ARE SEEKING

REPORT NUMBER:

COLLISION

THEFT

OTHER

NAME OF PERSON INVOLVED:

DATE OF BIRTH:

INVOLVED PERSON IS UNDER 18:  NO  YES \* THE MINOR'S SIGNATURE IS REQUIRED ON THIS REQUEST FOR ANY POTENTIAL RELEASE.

RELATION OF PERSON INVOLVED TO PERSON REQUESTING RECORD:

SELF

SPOUSE

CLIENT

OTHER:

**IF REPORT NUMBER IS NOT KNOWN, COMPLETE THE FOLLOWING:**

INCIDENT DATE (OR RANGE):

ADDRESS WHERE INCIDENT OCCURRED:

TYPE OF INCIDENT:

REASON FOR REQUEST:

ADDITIONAL INFORMATION:

**INDICATE HOW YOU WISH TO RECEIVE THIS RECORD:**

EMAIL

PICK UP

USPS MAIL

**FEE INCURRED FOR PRODUCING RECORDS:**

You will be charged a fee to fulfill this request. If not paid at the time of the request, you will be contacted for payment before the record is released. Fees are set by Town Council Resolution #25-14 effective July 1, 2025.

- \$17.00 POLICE REPORT
- \$17.00 VIDEO / ELECTRONIC MEDIA, if requested
- \$18.00 per hour for RESEARCH / COMPILATION, if needed

**SIGNATURE REQUIRED:**

I understand I will be charged a fee, and such fee will be paid before records are released.

I have read the information at the top of page one regarding types of records that will not be released. I understand the Jackson Police Department will release records in compliance with the Wyoming Public Records Act. I hereby request the previously described Jackson Police Department record(s).

SIGNED:

DATE:

**\* SIGNATURE FOR RECORDS INVOLVING MINORS:**

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) Signature must be handwritten.

(Minor) SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent) SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOW TO SUBMIT:**

- 1) Complete the form online and **save** it to your device.  
Submit the form by attaching it to an email addressed to [jpdic@jacksonwy.gov](mailto:jpdic@jacksonwy.gov)
- 2) Print the form and return the completed form to:
  - Jackson Police Department Front Desk
  - Email to [jpdic@jacksonwy.gov](mailto:jpdic@jacksonwy.gov)
  - Fax to 307-733-3241