



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) _____

DRIVER LICENSE STATE AND NUMBER: _____

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. EMAIL PICK UP MAIL

FEE SCHEDULE: Fees will be calculated based upon the records to be released and you will be contacted for payment before the record is released.

FEES:	POLICE REPORT (REQUIRING REDACTION)	\$14.00 EACH
	DVD / MEDIA (AUDIO OR VIDEO RECORDING)	\$14.00 EACH
	RESEARCH / COMPILATION (OUTSIDE WORK PLAN)	\$15.50/HOUR

(continued)

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 your Driver License information.
- 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

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: _____

Download the PDF to your device,
then click the Submit Form button
to send via email.

or

**print and return the completed form to the Front Desk at the Jackson Police
Department, email to jpdic@jacksonwy.gov, or fax to 307-733-3241.**