

Appleton Police Department

Driver's Privacy Protection Act/Disclosure of Records

The City of Appleton Police Department, per the Driver's Privacy Protection Act/Disclosure of Records, requires the requestor to submit the following information regarding the release of records derived from the Department of Motor Vehicles. By completing this form, the requestor understands that falsifying this request may result in criminal penalty.

Printed Name: _____ Phone Number: (_____) _____

€ I have read and understand the information provided. _____ (Please initial).

Please fill out the following information regarding the accident:

Case Number: _____

Date of Accident: _____

Location and/or Address of Accident: _____

Driver/Vehicle Owner #1: _____

Driver/Vehicle Owner #2 (if known): _____

Other Drivers Involved (if known): _____

To allow the Appleton Police Department to review your request, a valid permissible use exception to the DPPA must apply. Indicate which of those exceptions is applicable (Please check one):

_____ I am one of the driver's involved in the accident.

_____ I am the owner of a vehicle involved in the accident.

_____ I am the attorney and/or law firm that has been retained by _____.
I am requesting the reports for the purpose of investigation in anticipation of litigation or in connection with a civil, criminal, administrative or arbitral proceeding.

_____ I am the insurance company representing the driver. Name of the driver involved:
_____.

_____ Other (Please provide details as to why you believe this exception applies to you):

Your request will be reviewed and processed within ten (10) business days.