

# WAUSAU POLICE DEPARTMENT

## REQUEST FOR IN-HOUSE RECORDS CHECK

**Please Print**

**Must supply ID or Driver's License**

**Cost \$5.00 per person**

Today's Date: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
City State Zip

Send to:  Address above  Email

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Information requested for In-House Records Check:

Citations & arrests only

or

List of all police contacts (includes incidents where you may have been listed as a witness, reporting party, or involved in some way other than being arrested or cited)

\_\_\_\_\_  
First, Middle and Last name aka's (maiden name, etc)

\_\_\_\_\_  
Date of Birth (Required)

\_\_\_\_\_  
Social Security Number (Optional)

Office use only

Paid \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Make payment payable to: City of Wausau  
Mail request & payment to: Wausau Police Department  
515 Grand Avenue  
Wausau, WI 54403