

WAUSAU POLICE DEPARTMENT

REQUEST FOR IN-HOUSE RECORDS CHECK

Please Print

Must supply ID or Driver's License

Today's Date: _____

Name of Requester: _____

Mailing Address: _____
Street

City State Zip

Phone number: _____

Email Address: _____

Send to: Address above Email

~~~~~

Information requested for In-House Records Check:

Citations/Arrests/Referrals 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)

Mail request to address listed  
or email to:  
wpdrecords@wausauwi.gov

City of Wausau  
Wausau Police Department  
515 Grand Avenue  
Wausau, WI 54403