



GREEN RIVER POLICE DEPARTMENT
CHIEF OF POLICE – CHRIS STEFFEN
375 W Flaming Gorge Way, Suite A
Green River, WY 82935
(307) 872-0555 pdinfo@cityofgreenriver.org
www.cityofgreenriver.org

Records Requests Guidelines

Guidelines for requesting police reports from the Green River Police Department. You may make your request in person at the Police Department. The Records Department is open from 8:00 a.m. to 5:00 p.m., Monday through Friday. If you prefer, you may mail your request to the address listed below. Requests by mail must be accompanied by a self-addressed, stamped envelope and the appropriate fees.

Green River Police Department
375 West Flaming Gorge Way
Green River, WY 82935

All requests for police reports must be made in writing and must include specific information helpful in identification of the requested records (name, date of occurrence, case number, location of incident, associated parties, type of case, etc.). Requests must be given ample time to be processed. A fee of \$5.00 (five dollars) is due for each incident report request. An additional fee of \$.50 (fifty cents) per page will be assessed for incident reports over 10 (ten) pages in length.

A fee of \$5.00 (five dollars) will be charged for each CONTACT SHEET/RECORDS CHECK request.

A fee of \$3.00 (three dollars) is due for each accident report request.

A fee of \$1.00 (one dollar) per printed picture on regular copy paper and a CD with photos is \$5.00.

Reports that are under investigation or those pending prosecution will not be released. Juvenile information will be released only to the parent or legal guardian of the juvenile. The parent or legal guardian is required to provide a certified copy of the birth certificate of the juvenile before information will be released.

Any information or report that would violate HIPPA laws will not be released.

Should you have any additional questions, you may contact the Records Department by calling 307-872-0555, or emailing us at pdinfo@cityofgreenriver.org

Your cooperation in your request for these important documents is appreciated. Thank you.



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REQUEST FOR RELEASE OF INFORMATION

ATTENTION: This Agency will review the “Request for Release of Information” within ten business days and make a determination as to what information, if any, will be released or give a reason for denying the request. It will be the responsibility of the applicant to ensure that information released by the Green River Police Department will be disseminated only in accordance to law. Any person denied any records from the Green River Police Department may apply to the District Court of the district wherein the record is found for any order directing the custodian of the record to show cause why he/she should not permit the inspection of the record. **There will be a fee charged for this service. Exact change is required. We accept cash, money order, company checks &/or credit card. PICTURE ID IS REQUIRED.**

FEES: Fees will be collected at the time of the request. Fee is non-refundable even if the request is denied. Any additional fees that apply after will be collected at the time of the release/pick-up.

- \$3.00 for accident report/call report
- \$5.00 for copy requests and background checks (per name)
- \$5.00 for all other reports up to 10 pages, \$0.50 per page after 10 pages (additional fee collected upon release)
- \$1.00 per page for color photocopies (collected upon release)
- \$5.00 for CD’s / \$25.00 for DVD’s (collected upon release)

RECORDS WILL ONLY BE RELEASED TO THE APPLICANT UNLESS OTHERWISE APPROVED.

DATE OF REQUEST: _____

APPLICANT’S INFORMATION

NAME: _____

ADDRESS: _____

HOME/WORK/CELL PHONE: _____

APPLICANT’S IDENTITY: (Proper identification is required before any information is released, i.e. Wyoming Driver’s License)

TYPE OF IDENTIFICATION/IDENTIFICATION NUMBER: _____

APPLICANT’S SIGNATURE: _____

INFORMATION REQUESTED *(Information requested must be specific to Name, Date of Birth, Location, Date, Offense, or Report Number)

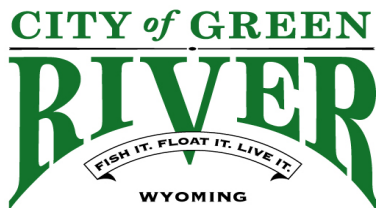
NAME/D.O.B.: _____

DATE/LOCATION OF OCCURRENCE: _____

TYPE OF INCIDENT/OFFENSE: _____

CASE REPORT NUMBER: _____

REASON INFORMATION REQUESTED: _____



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*****DEPARTMENT ONLY*****

DATE REVIEWED: _____
() Approved
() Denied

*REASON FOR DENIAL

- () Information requested is considered a criminal history and only available through the D.C.I.
() Information, if released would be contrary to state or federal statutes or regulations.
[]
() On the grounds that disclosure to the applicant would be contrary to the public interest
() Not enough specific information given to locate records

NAME OF PERSON REVIEWING REQUEST (INITIAL/SIGN) _____

PERSON IDENTIFYING APPLICANT (INITIAL/SIGN) _____

DATE RECEIVED _____ NUMBER OF PAGES _____ DATE RELEASED _____

BACKGROUND CHECK \$ _____
COPY REQUEST \$ _____
OTHER REPORTS \$ _____
ACCIDENT REPORT COST \$ _____
TOTAL INITIAL COST: \$ _____

ADDITIONAL COSTS AT PICKUP
OF ADDITIONAL PAGES _____
CD/DVD \$ _____
COLOR PHOTOS \$ _____
TOTAL ADD'L \$ _____

RECEIPT(S) # _____