



# CITY of REEDSBURG

## POLICE DEPARTMENT

200 SOUTH PARK STREET  
REEDSBURG, WISCONSIN 53959  
(608) 524-2376 FAX (608) 524-2925  
www.reedsburgwi.gov

TIMOTHY M. BECKER  
CHIEF of POLICE

### Non Consent

Case # \_\_\_\_\_

I \_\_\_\_\_, Date of Birth \_\_\_\_\_  
(Full Name: First, Middle Initial, Last)

Address \_\_\_\_\_  
(Complete Mailing Address Required)

have given no one consent to \_\_\_\_\_  
\_\_\_\_\_

**I wish to pursue charges in this matter.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_