



CITY OF  
**REEDSBURG**  
POLICE DEPARTMENT

200 SOUTH PARK STREET • REEDSBURG, WI 53959  
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**PATRICK B. CUMMINGS**  
**CHIEF OF POLICE**

**NON – CONSENT**

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

I \_\_\_\_\_, DOB \_\_\_\_\_  
(Full Name: First, Middle Initial, Last)

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

Home/Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_.

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

**I WISH TO PURSUE CHARGES IN THIS MATTER.**

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

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