



MANITOWOC COUNTY SHERIFF'S OFFICE

1025 South 9th Street • Manitowoc, Wisconsin 54220

Sheriff - Robert C. Hermann

Inspector - Gregg J. Schetter

RELEASE OF INFORMATION REQUEST

REQUESTED BY: _____ DATE OF BIRTH ____/____/____
Last Name First M.I.

Street Address City State Zip Code (Area) Phone No.

BUSINESS NAME, IF APPLICABLE: _____

Email Address: _____

CHECK ONE: Police Agency Attorney Insurance Company
 Social Services Citizen Complainant
 Defendant Other (Explain): _____

DATE OF REQUEST: ____/____/____ TIME: _____ AM / PM

INFORMATION REQUESTED (Be Specific):

Incident / Accident / Photos / Records Check / Citation / Other _____ (circle one)

1) Records Concerning: _____
Last Name First M.I.

Date of Birth: ____/____/____

2) Date(s) of Occurrence(s): _____

3) Other Information: _____

(DO NOT WRITE BELOW THIS LINE---FOR DEPARTMENT USE ONLY!!!)

INCIDENT # _____

INFORMATION RELEASED: _____

REASON INFORMATION NOT RELEASED: _____

We are required by state law to inform you that this determination is subject to review by mandamus under S. 19.37 (1) Wisconsin Statutes or upon application to the attorney general or a district attorney.

SUPERVISOR'S SIGNATURE: _____

Revised 05/13

TIME _____ DATE _____