



MANITOWOC COUNTY SHERIFF'S OFFICE

1025 South 9th Street • Manitowoc, Wisconsin 54220

Sheriff - Robert C. Hermann

Inspector - Gregg J. Schetter

WRIT OF RESTITUTION PROPERTY MEMO

Case names: _____ .vs. _____
(Plaintiff) (Defendant)

Manitowoc County Circuit Court Case # _____

This memo has been prepared by _____ and I am the plaintiff/plaintiff's agent/plaintiff's attorney, (print clearly and circle one)

The judgment plaintiff requests that the Manitowoc County Sheriff's Office execute the Writ of Restitution in the above captioned action. The plaintiff has determined that the Writ of Restitution shall be executed in the following manner: **(Must select one option below)**

1. _____ The Manitowoc County Sheriffs Office shall execute the Writ of Restitution action in accordance with Wis. Stats., §799.45(1) and §799.45(2)(b). The plaintiff will use an approved mover and pay all fees associated with that mover if eviction occurs.
2. _____ The Manitowoc County Sheriff's Office shall execute the Writ of Restitution in accordance with Wis. Stats., §799.45(1) and §799.45(2)(b). The plaintiff has secured the appropriate bond of indemnification (\$10,000 for apartment, \$20,000 for house/business).
Note: Bond amount subject to change.
3. _____ The plaintiff or plaintiff's agent shall be responsible for the removal and storage or disposal of all personal property found in the premises in accordance with Wis. Stats., §799.45(3m). The plaintiff/plaintiff's agent certifies that the notice requirements of Wis. Stats., §704.05(5) have been met. The Manitowoc County Sheriff's Office shall assist the plaintiff in the removal or supervision of removal of all personal property described in the Writ of Restitution pursuant to Wis. Stats., §799.45(2)(bg). **(*Note: Will be subject to fees and may be subject to bonding requirements)**

***Fees:**

Writ fee \$75

Additional standby time will be charged at \$40 an hour per Deputy

See back of form for referenced Wisconsin Statutory provisions.

Signature of person completing form

i _____)
Contact Phone

Printed name of person completing form

STATE OF WISCONSIN)
)ss:

COUNTY OF MANITOWOC)

Sworn to and subscribed before me this
_____ day of _____, 20__

_____, Notary Public
Manitowoc, Wisconsin
My Commission Expires: _____