



MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig
Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

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: _____

****Email completed form to: recordrequest@co.manitowoc.wi.us**

(DO NOT WRITE BELOW THIS LINE---FOR OFFICE 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 01/19

TIME _____ DATE _____