



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

Associated Costs

- Any Report – \$0.25 per page
- CD / DVD – \$10
- Flash Drive – \$15

An additional charge for postage and envelope will be charged if the record(s) are to be mailed.

Date of Request:

Person Requesting Record(s):

Email Address:

Address / City / State / Zip Code:

Phone Number:

.....
Name of Person(s) Involved in the Request:

Date of Birth: Sex / Race:

Record(s) Requested: Incident / Accident / Photos / Records Check / Citation / Other:

Type of Incident:

Date of Incident:

Mail Record(s) to:

Will Pick up Record(s)

Email completed form to: recordrequest@manitowocountywi.gov

.....
Do Not Write Below This Line – Office Use Only

Incident #: _____

Request Approved

Request Denied

Reason for Denial: _____

We are required by law to inform you that this determination is subject to review by mandamus under Wis. Stat. 19.37(1) or upon application to the Manitowoc County District Attorney or the Attorney General.

Records Custodian Signature: _____ Date: _____

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1025 South 9th Street • Manitowoc, Wisconsin 54220 • Phone: (920) 683-4200

Jail Fax: (920) 683-4405 • Patrol Fax: (920) 683-4946 • Records Fax: (920) 683-4342