

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

In Partnership with the Community.

Dedicated to Your Safety.

RELEASE OF INFORMATION REQUEST

Associated Costs

(Pre-payment may be required for requests in excess of \$5. If pre-payment is requested, it will be due within 30 days of the request. If not received, the request may be cancelled and a new request will need to be submitted.)

- 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			
Date of Birth:	Sex / Race:		
Record(s) Requested: Incident / Accident / Photos / Records Check / Citation / Other:			
Type of Incident:	Date of Inc	ident:	
☐ Mail Record(s) to:			
☐ Will Pick up Record(s)	Email completed	form to: recordrequest@manito	owoccountywi.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:	D	ate:	Revised 11/2022
1025 S	outh 9th Street • Manitowoc, Wi	sconsin 54220 • Phone: (920) 683-4200	