

Sheriff - Daniel L. Hartwig

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 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@manitowoccountywi.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: <i>Revised 02/2025</i>
1025 South 9th Street • Manitowoc, Wisconsin 54220 • Phone: (920) 683-4200	