



MANITOWOC COUNTY SHERIFF

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:

☐ 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: _____

Revised 05/2025