



# MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig

*In Partnership with the Community. Dedicated to Your Safety.*

## Release of Information Request Form

### Associated Costs –

Pre-payment will be required for requests in excess of \$5 and will be due within 30 days of the cost letter. If the request is altered or cancelled, a new request will need to be submitted.

- Any Report – \$0.25 per page | Flash Drive – \$5
- An additional charge for postage and envelope will be charged if the record(s) are to be mailed.

If a request is made anonymously, fees will be charged, unless requesting audio and/or video content that relates to a shooting involving an officer of a law enforcement agency.

Email completed form to: [recordrequest@manitowoccountywi.gov](mailto:recordrequest@manitowoccountywi.gov) or  
Drop off form at 1025 S. 9<sup>th</sup> St., Manitowoc

Name:	Date of Request:
Address:	Phone Number:
Email:	Incident # (If Known):
Name and Date of Birth of Person(s) Involved in Record(s) Request:	
Date of Incident:	Type of Incident:
Choose Type(s) of Record(s) Requested: <input type="checkbox"/> Incident Report <input type="checkbox"/> Accident <input type="checkbox"/> Photos <input type="checkbox"/> Citation <input type="checkbox"/> 911 Call <input type="checkbox"/> Other	
<b>If requesting any of the below records, you MUST complete Page 2 of this document</b> <input type="checkbox"/> Body Worn Camera <input type="checkbox"/> Squad Video	
Preferred Requested Document Delivery Method: <input type="checkbox"/> Email Record(s) <input type="checkbox"/> Mail Record(s) to (Fee Associated): <input type="checkbox"/> Pick up	

**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: \_\_\_\_\_

## Exception Designation and Certification Form

The Manitowoc County Sheriff's Office charges redaction fees to record requestors when permitted by law. The redaction fees shall be reasonable and shall not exceed the actual, necessary, and direct costs of the redaction time. The Department will not fulfill the request for records involving recorded audio or video content until the estimate of costs identified in the written fee estimate is paid by the requester.

The requester is responsible for providing sufficient information for the records custodian to determine whether an exception under Wis. Stat. § 19.35(3)(h) prohibits the Manitowoc County Sheriff's Office from charging redaction fees.

Describe the record containing the requested recorded audio or video.

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YES  NO I was an individual directly involved in the event to which the requested records relate:  
If yes, explain how you were directly involved in the event.

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YES  NO I am the attorney or authorized representative of an individual directly involved in the event to which the requested records relate:

If yes, explain who the individual is and how he/she was directly involved in the event.

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YES  NO I am the parent/guardian of an individual under the age of 18 who was directly involved in the event to which the requested records relate:

If yes, explain who the individual is and how he/she was directly involved in the event.

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YES  NO Do the recorded audio or video records requested contain content involved in an event that relates to a shooting involving an officer of a law enforcement agency?

**If the answer to all of the preceding questions is "No," then complete the rest of this form.**

YES  NO In this calendar year, I have made fewer than ten requests for records containing recorded audio/video content from the Manitowoc County Sheriff's Office.

### Certification and Understanding of Consequences for False Certification

I hereby certify as follows, with full knowledge of the legal consequences identified in Wis. Stat. § 19.35(3)(h)3a for false certification, including prosecution of me and a forfeiture of up to \$10,000 for each violation by me.

I understand that I do not have to sign this certification for my open records request to be processed, but that if I do not sign the certification, Manitowoc County may impose a fee for the actual, necessary, and direct cost of redaction.

YES  NO I am requesting the records containing recorded audio or video content solely for pursuit of an award of damages in a civil action, and for no other financial gain.

YES  NO I will not use the recorded audio or video content disclosed to me for financial gain.

**Certification Signature of the requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_