

Today's Date: _____



**SHEBOYGAN POLICE DEPARTMENT CONTACT/ADDRESS HISTORY REPORT
REQUEST**

Requestor Information

Name: _____ Telephone: _____

Address: _____

E-Mail: _____ Fax: _____

How would you like to receive the record?

Mail _____ In-Person Pickup _____ E-Mail _____ Fax _____

Request made for contacts on an individual with the City of Sheboygan Police Department:

Contact history requests require both the name and date of birth of the individual be provided. Adult contacts will be provided back 10 years unless a different time frame is requested. (e.g. past five years, 1 year, 3 months, etc.)

Name of individual: _____ Date of Birth: _____ Time Span: _____

Name of individual: _____ Date of Birth: _____ Time Span: _____

Name of individual: _____ Date of Birth: _____ Time Span: _____

Request made for address history report for an address within the City of Sheboygan:

Address history request will be provided back 10 years unless a different time frame is requested. (e.g. past five years, 1 year, 3 months, etc.)

Address: _____ Time Span: _____

Address: _____ Time Span: _____

Address: _____ Time Span: _____

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***** Office Use Only *****

Received by _____ on _____