

Date of Request: \_\_\_\_\_



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

Please submit this completed form to the Department in person or via e-mail to: [spd.records@sheboyganwi.gov](mailto:spd.records@sheboyganwi.gov) to initiate a records request. Incomplete forms may result in a processing delay or denial.

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

SPD #391A rev. 05/2024

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

Request taken by: \_\_\_\_\_