

DATE OF REQUEST: _____



SHEBOYGAN POLICE DEPARTMENT RECORDS REQUEST

The Sheboygan Police Department will not release information that is protected by law unless the release is authorized by the record subject or is otherwise available to a requestor in accordance with Wisconsin’s Public Records Laws. Please submit this completed form to the Department in person or via e-mail to: 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 _____ (postage fees apply) In-Person Pickup _____ E-Mail _____ Fax _____

Records Being Requested. Please be specific to ensure timely and correct processing. Include details such as date and time of occurrence and location of incident.

Case Number(s) _____

With or without a qualifying exception, most records are subject to release; however, personal, medical or otherwise protected information may not be included.

Authorization for Release. Some records contain personal, medical, or otherwise protected information. In most cases, this information will be redacted from records prior to release. If you believe that you are entitled unredacted records, please indicate the basis below:

I am requesting a copy of my own record

I am an attorney retained by the record-subject and have attached their written consent

I am authorized by law to receive unredacted records pursuant to _____

Signature _____ Date _____

SPD #391B rev. 05/2024

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

Form of identification: DL State ID Other: _____ Initials of person verifying identity: _____

Request taken by: _____