

# SHEBOYGAN COUNTY CORRECTIONS

## JAIL RECORDS REQUEST

You have requested that this Department provide to you copies of reports maintained by us. To assist us in processing your request, please provide us with the following information.

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

REPORT NUMBER: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

NATURE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

PERSON(S) INVOLVED: \_\_\_\_\_

ANY ADDITIONAL INFORMATION:

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