



# SHEBOYGAN COUNTY SHERIFF'S DEPARTMENT PUBLIC RECORDS REQUEST

525 North 6<sup>TH</sup> Street | Sheboygan, WI 53081 | [sheriffrecords@sheboygancounty.com](mailto:sheriffrecords@sheboygancounty.com)

*To assist in processing your request, please provide the following information:*

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

## Requestor Information - Required

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

*\*Required for digital media requests*

## How would you like to receive the records?

Email       Mail       Pick-up       Fax: \_\_\_\_\_

## Records Information

Incident Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Person(s) Involved/DOB: \_\_\_\_\_

## Records Requested

- |  |   |
|--|---|
| <input type="checkbox"/> CAD/Narrative/Supplements | <input type="checkbox"/> Photos                     |
| <input type="checkbox"/> Written Statements        | <input type="checkbox"/> Squad Video                |
| <input type="checkbox"/> Citations/Warnings        | <input type="checkbox"/> Body-Worn Camera Video     |
| <input type="checkbox"/> Accident Report           | <input type="checkbox"/> Dispatch/911 Audio         |
| <input type="checkbox"/> Other Paperwork: _____    | <input type="checkbox"/> Other Digital Media: _____ |

**Contact History – Name (name and birthdate required), Time Span – 10 years unless specified**

Name of Individual: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Time Span: \_\_\_\_\_

Name of Individual: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Time Span: \_\_\_\_\_

**Contact History – Address (address required), Time Span – 10 years unless specified\***

Address: \_\_\_\_\_ Time Span: \_\_\_\_\_

Address: \_\_\_\_\_ Time Span: \_\_\_\_\_

*\*Records prior to 2011 – are unable to be searched by via address, only by name or incident number.*

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*This section is for Department use only.*

**Request Received By:** \_\_\_\_\_  
*(initials) (date)*

- Added to spreadsheet & Reviewed for active case/open CCAP
- Records saved to request folder

**Received by Records Custodian:** \_\_\_\_\_  
*(initials) (date)*

- RELEASED
  - Unredacted
  - Redacted: If the custodian decides that a record should be released but for the fact that it contains some non-disclosable information, the custodian must redact the non-disclosable portions of the record.

- DENIED:
  - Exempted from disclosure by federal or state laws. WI SS § 19.36(1): \_\_\_\_\_
  - Protected from disclosure by common law limitations. WI SS § 19.35
  - The public interest in nondisclosure of the records outweighs the public interest in disclosure (“the balancing test”). In applying this balancing test, the custodian may consider the public policy exceptions to Wisconsin’s Open Meetings Law, WI SS § 19.85, and deny the request if one of those exceptions outweighs the public’s interest in disclosure: \_\_\_\_\_

- NO RECORDS LOCATED
  - Reason, if any: \_\_\_\_\_
  - Records held by different Agency: \_\_\_\_\_