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**MARSHFIELD POLICE DEPARTMENT  
REQUEST FOR RELEASE OF INFORMATION  
SECTION 19.21 FORM**

Date: \_\_\_\_\_

Name/Address of Requestor: \_\_\_\_\_

Date of Birth of Requestor: \_\_\_\_\_ Telephone – Best Contact # \_\_\_\_\_

Email address: \_\_\_\_\_

Please be specific as to the information you are requesting, such as dates, times, parties involved, dates of birth, the case number, and the type of incident you are referring to. Please note that if the incident is currently being investigated NO information will be released regarding the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

\*\*\*\*\*Do Not Write Below This\*\*\*\*\*

Information Released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information Not Released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For information not released, you may pursuant to Wisconsin Statutes bring an action for mandamus asking a court to order the release of the record. Additionally, you may request the Wood County or Marathon County District Attorney (depending on case jurisdiction) or Attorney General to bring an action for mandamus asking a court to order the release of the record.

\_\_\_\_\_

Signature of Records Custodian

\_\_\_\_\_

Date