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MARSHFIELD

Scott M. Owen, Sr.
Fire Chief

The City in the Center

FIRE & RESCUE DEPARTMENT

REQUEST FOR RELEASE OF INFORMATION SECTION 19.21 FORM

- * Emergency Medical Response Incident Reports charged \$8.00 fee.
- * Emergency Medical Response Incident Reports – Certified copy charged \$10.00 fee.
- * All copies of other Department documents will be charged \$0.25 per page fee.
- * Please be specific about information being requested.

Date: _____

Name/Address of Requestor: _____

Telephone: Business _____ Residence _____

**Please be specific as to the information you are requesting, such as dates, times, parties involved, dates of birth 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 incident. In order to expedite your request, we strongly urge you to obtain a release signed by the affected person(s).

Information Requested (be specific): _____

Signature of Requestor _____

***** Do Not Write Below This Line *****

Information Released

Information Not Released

For information not released, you may pursuant to 19.37(1)(a) Wisconsin Statutes bring an action for mandamus asking a court to order the release of the record. Additionally, you may pursuant to 19.37(1)(b) request the Wood County District Attorney or Attorney General to bring an action for mandamus asking a court to order the release of the record.

Signature of Records Custodian

Date

D/C Steve Bakos, D/C Jody Clements, D/C Peter Fletty, D/C Jon Lucareli, D/C Troy Weiland