514 East Fourth Street Marshfield, WI 54449 PHONE (715) 486-2094 FAX (715) 384-8868 mfrd@ci.marshfield.wi.us



James B. Schmidt
Fire Chief

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 informatio and the type of incident you are referring information will be released regarding the obtain a release signed by the affected pe	g to. Please note that if the ine incident. In order to expe	ncident is currently bei	ng investigated no
Information Requested (be specific):			
Signature of Requestor ***********************************		s I ine ********	****
Information Released	Do Not Wille Below Till		
Information Not Released			
	10.05(1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
For information not released, you may p asking a court to order the release of the County District Attorney or Attorney Gethe record.	record. Additionally, you r	nay pursuant to 19.37(1)(b) request the Wood
Signature of Records C	Custodian		Date
D/C Craig DeGrand D/C Roy	Dolens D/C Ed Erickson	D/C Robert Haight	D/C Scott Owen