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

MARSHFIELD

The City in the Center

James B. Schmidt
Fire Chief

FIRE & RESCUE DEPARTMENT

REQUEST FOR RELEASE OF INFORMATION
SECTION 19.21 FORM

* All copies of National Fire Incident Reports charged $3.00 fee.
* National Fire Incident Report Picture DVD $20.00
* All requests for environmental research of property $150.00 for first 4 hours, $45.00 each additional hour.
* 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.

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