DODGE COUNTY SHERIFF'S OFFICE

Dale J Schmidt Sheriff Chad Enright Chief Deputy

Authorization to Inspect Records in the Custody of the Dodge County Sheriff's Office Containing Personally Identifying Information Wi Statute 19.35(1)(am)

Description of records (Include as descriptive information regarding subject matter of the records, time frame, and other relevant information.)Attach additional page if needed.

_____
_____
_____

____See attached page

[All signatures below must be duly notarized unless signer(s) provide satisfactory proof of identity in person to record custodian]

Authorization of Release of Records Pertaining to Requestor

I, _____ am requesting to inspect and or receive a copy of the above-described records containing personally identifiable information pertaining to me.

Requestor-Record Subject Signature _____ Date _____

or

Authorization of Release of Records Pertaining to a 3rd Party Record Subject

I, _____ am authorizing _____
(Print Name) (Print Name)
to request, inspect and or receive a copy of the above-described records containing personally identifiable information pertaining to me.

Record Subject Signature _____ Date _____

I, _____ request to inspect and/ or receive a copy of the above-described records containing personally identifiable information pertaining to the Record Subject, who has authorized me to make this request.

Authorized Requestor Signature _____ Date _____

DOSO 828 (02/23)

State of Wisconsin)
County of _____)

This document was signed or acknowledged signed before me by
_____ on this _____(date).
Notary Signature_____
Notary Expiration Date_____
Notary Seal:
State of Wisconsin)
County of _____)

This document was signed or acknowledged signed before me by
_____ on this _____(date).
Notary Signature_____
Notary Expiration Date_____
Notary Seal:

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