

# TAYLOR COUNTY SHERIFF'S DEPARTMENT



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715-748-1448

Data Records  
Betty L Danen  
715-748-1449

Jail  
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## Identity Theft Victim Authorization for Release of Records

Incident Report Number: \_\_\_\_\_

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

Dear Sir or Madam,

I am a victim of Identity Theft and have filed a complaint with the Taylor County Sheriff's Department in compliance with Wisconsin State Statute 943.201. In accordance with the Fair Credit Reporting Act, section 609(e), I am authorizing you to release any and all transactional records to the Taylor County Sheriff's Department relative to this Identity Theft investigation.

Thank you for your prompt attention to this matter.

\_\_\_\_\_  
Victim Signature

\_\_\_\_\_  
Victim name (printed)

\_\_\_\_\_  
Agency Representative Signature (include rank)

\_\_\_\_\_  
Name (printed)