

MISHICOT POLICE DEPARTMENT

REQUEST FOR POLICE CONTACT

Person's Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Summary of
Complaint/Request: _____

*May attach additional pages if needed

Request Taken By: _____

Date/Time: _____

- This form may be dropped off at village hall or emailed to the police department
mishicotpolice@vi.mishicot.wi.gov