Horicon Police Department

220 Ellison Street
Horicon, Wisconsin 53032

Chief J.W. Adamson
Office (920) 485-3555
Fax (920) 485-3550

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 City of Horicon Police 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 Horicon Police 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)