Pulaski

Police Department
421 S. St. Augustine St.•PO Box 320
Pulaski, WI 54162

Mark J. Hendzel
Chief Of Police

RELEASE OF PERSONAL INFORMATION UNDER THE FEDERAL DRIVER'S PRIVACY PROTECTION ACT: 18 USC 2721(B)(13)

I hereby consent to the release of my personal information to:

Name: _____
Address: _____
Report No. _____ Date: _____

I fully understand that this consent authorizes the Pulaski Police Department and its employees to fully release all of my personal information that and highly restricted personal information under the Driver's Privacy Protection Act to the above named person or entity.

I also understand that this consent only applies to the release of my own personal information and highly restricted personal information and does not apply to any other person's personal information and highly restricted personal information contained in the released report.

This consent expires on : _____

SIGNATURE: _____

STATE OF WISCONSIN)
)SS
_____ COUNTY)

This signature was acknowledged before me on

_____

NOTARY PUBLIC: _____ NOTARY SEAL HERE

My Commission: _____

www.villageofpulaski.org
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