SENTRI

(System Email Notification to Record Inquiry)

A separate request should be submitted for each case number. Requests may include:

a. Last Name Only
b. Last Name & DOB combination
c. License Plate
d. VIN

The request must include:

a. An email address for the notifications to be sent to. The requesting agency must notify CIB of any changes to this email address.
b. An ending date not to exceed 1 year. The requesting agency must renew the request each year.
c. A law enforcement reason for the request.
d. A signature by a supervisor or manager within the requesting agency.

Requests may be emailed to Craig.Thering@wisdoj.gov or Brian.Kalinoski@wisdoj.gov or mailed in an envelope marked "Confidential" to:

Crime Information Bureau
Attn: TIME Manager
P.O. Box 2718
Madison, WI 53701-2718

*** Required Fields**	
*** Date:**	**Agency Case Number:**
*** Email Address:**	
*** End Date:** (CCYYMMDD) Note: End date must not exceed 1 year.	
*** Reason for request:** ☐ Undercover officer or vehicle ☐ Suspect person or vehicle in a criminal investigation ☐ Other Please explain:	☐ **This information should be kept confidential**
*** Criteria: (At least one of the following is required)**	
Last Name:	**Last Name & DOB:**
License Plate Number:	**VIN Number:**
*** Name of requesting agency:**	
*** Telephone #:**	
*** Printed name of authorizing supervisor:** **Last Name:** **First Name:** **Title:**	
I hereby request that a notification be sent to the above email address when the above criterion is queried in the Wisconsin TIME System. *** Signature of supervisor authorizing request:**	
For DOJ Use Only	
Date Entered:	**Initials:**