

APPLICATION FOR PUBLIC RECORDS

City of Des Moines Police Department

PLEASE PRINT

CASE NUMBER _____



_____ Date & time occurred

_____ Location

_____ Offense or description of incident

Do Not Write In This Space

We accept following methods of Payment:

Cash Payments
(Paying with cash requires the exact amount as no change is available)

(Write On back if necessary)

Involved Person(s) Name(s) _____

| | |
|--|---|
| <input type="checkbox"/> Accident Report: (\$5.00) <input type="checkbox"/> Case Report: (\$5.00) <input type="checkbox"/> Trip Log: (\$5.00) <input type="checkbox"/> Sex Offender Map: (\$10.00) <input type="checkbox"/> Photo CD: (\$15.00) | <input type="checkbox"/> OWI Report: (\$5.00) <input type="checkbox"/> Officer's OWI Certification: (\$5.00) <input type="checkbox"/> PBT Calibration Log: (\$5.00) <input type="checkbox"/> Dispatch Audio Recording: (\$15.00) <input type="checkbox"/> Video Recording: (\$15.00) |
|--|---|

Arrest Record: (\$5.00)

Name: _____ Alias or Maiden: _____

Address: _____

Date of Birth: _____ Social Security _____

Month Day Year

Applicant's Name _____ Address (for mailing purpose) _____ Phone Number _____

Application is hereby made for the requested records maintained by the Des Moines Police Department in accordance to City Ordinance 2-130. Records requested may be confidential under the City Ordinance or Code of Iowa and not available for release. Requests will be handled immediately if possible. * **Requests not immediately available will be processed as soon as possible and in most cases within 5 working days.**

* pick up in person mail (include zip code)

02/15/10