APPLICATION FOR PUBLIC RECORDS
City of Des Moines Police Department
PLEASE PRINT

CASE #(s)_____

_____

Date of Request:_____

Applicant's Name:_____

Address: (*for mailing purpose)* _____

Phone # _____

STAPLE RECEIPT HERE

If the case # is unknown, please provide additional information, as listed below, to assist in processing your request. Thank you.

Date_____ Time_____

Location of Offense

_____

PIT Name_____

☐ **Accident Report**: ($5.00) List below names of all drivers involved in accident,

#1_____#2_____#3_____

☐ **Case Report**: ($5.00) **Name:**_____

☐ **OWI Report**: ($5.00) **Name:**_____**Date:**_____

☐ **Trip Log**: ($5.00) **Location:**_____**Date:** _____

☐ **Arrest Record**: ($5.00)

Name:_____Alias or Maiden:_____
Address:_____
Date of Birth: _____ _____ _____Social Security_____
Month Day Year

☐ **Sex Offender Map:** ($10.00)

☐ **Impound:** ($20.00) **NAME:**_____**TAG #**_____
(Processing Fee Only) **(to be filled in by employee)**

☐ **Dispatch Audio Recording**: ($15.00) ☐ **Video Recording** ($15.00)
Specific Date & Time of Incident: _____Provide brief description of what incident is about
_____

☐ **Photo CD:** ($15.00)

☐ **Calibration Log:** ($5.00) ☐ **Certification:** ($5.00)

Application is hereby made for the following records maintained by the Des Moines Police Department in accordance to City Ordinance 2-130. It is understood that the records requested may be confidential in compliance with the Iowa Code (2007) and that the following request may not be filled and is subject to a non-refundable processing fee. Requests will be handled immediately if possible. ** **Some requests will require a minimum of three (3) business days.**

For requests that cannot be processed immediately, please indicate one of the following: ☐ **to be picked up ☐ **to be mailed (include zip code)**