



Waukeee Police Department

Application for Public Record

Please complete with as much information as possible. This request will be processed within 10 business days. The examination and photocopying fees apply according to The City of Waukeee's Open Records Policy.

Waukeee Case Number: _____

Type of Incident: _____

Location of Incident: _____

Date of Incident: _____

Time of Incident: _____

Person(s) Involved: _____

Any other clarifying facts or information, i.e. arrest, general description of loss or event:

Name of Requesting Party: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email: _____ Date of Request: _____

Preferred method of receiving request: _____

The completed request can be mailed, emailed, faxed or picked up at the Waukeee Public Safety Building.

The address is: 1300 SE L.A. Grant Parkway, Waukeee, IA 50263

Office Use Only

Processed by: _____ Date Completed: _____

Approved by: _____ Date Approved: _____

Mailed: Emailed: Faxed: Picked-up: