Waukee Police Department

Application for Public Record

Please complete with as much information as possible. A $5 payment is due at time of request, please note, reports will not be sent until payment is received. Cash or check may be mailed to 1300 SE LA Grant Pkwy, Waukee, IA 50263.

Waukee 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: ______________________________________

This request for public record will be processed within 10 business days. The completed request can be mailed, emailed, faxed or picked up at the Waukee Public Safety Building.

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

Office Use Only

Processed by: __________________________ Date Completed: ______________________

Approved by: _________________________ Date Approved: _______________________

Mailed: [ ] Emailed: [ ] Faxed: [ ] Picked-up: [ ]