



# Police Department, City of Council Bluffs Records Request Form

**REQUESTOR'S INFORMATION** (please print)

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternative Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email address: \_\_\_\_\_

**INFORMATION REQUESTED** (Please be as detailed as possible; include names, report and case numbers, dates, subjects, meeting dates, resolution, ordinance numbers, project names, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT**

Iowa Code Chapter 22 gives every citizen the right to examine public records and to copy those records unless their access is expressly prohibited. The City of Council Bluffs staff should not be expected to abandon or neglect their regular public duties to comply with records requests and thus need sufficient time to make and deliver any requested information. If the requested material potentially contains confidential information or otherwise exempt from disclosure, additional time may be required for review and possible redacting of the material. All requests will be processed in accordance with applicable procedures and rules. Note: If a deposit is required, no work will begin on the request until a minimum of 50% of the estimated deposit is received. Total amount of time is subject to change based on actual time. I have read and reviewed the "Fees" on page 2 and agree to pay any applicable fees.

\_\_\_\_\_  
Signature of Requestor\_\_\_\_\_  
Printed name of Requestor\_\_\_\_\_  
Date of Request**CUSTODIAN OF RECORDS AND CITY ATTORNEY APPROVAL:****Department**Approve  Deny 

Reason for denial or condition of approval: \_\_\_\_\_

\_\_\_\_\_

Custodian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**City Attorney**Approve  Deny 

Reason for denial or condition of approval: \_\_\_\_\_

\_\_\_\_\_

City Attorney's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FEES (for office use only)</b>			
Copy Charges: _____	B/W pages \$10.00 for the first page + \$0.50 for add'l pages =		\$ _____
_____	color pages \$10.00 for the first page + \$0.75 for add'l pages =		\$ _____
	oversize pages (to be determined case by case) =		\$ _____
_____	Documents Scanned and sent via Email, pages x \$0.25/page =		\$ _____
	Electronic Files Burned to CD, \$10.00 per CD =		\$ _____
	Postage Charges actual cost =		\$ _____
Other (please specify): _____	_____ actual cost =		\$ _____
Other (please specify): _____	_____ actual cost =		\$ _____
Staff Services: (first 15 minutes free per request) specify redacting time, search time, supervision of records examination, copy time, etc. _____			
Name of Employee (s) Performing these services: _____ (Department Staff, IT Staff, Finance Department Staff, etc.)			
_____ hours	(1/4 hr increments, less 1/4 hr) x \$ _____	employee hourly rate =	\$ _____
_____ hours	(1/4 hr increments, less 1/4 hr) x \$ _____	employee hourly rate =	\$ _____

<b>POLICE DEPARTMENT FEES, PER CHAPTER 2.08.040 – SCHEDULE OF FEES</b>			
Qty: _____		Reports \$10.00	\$ _____
Qty: _____	Supplemental Reports	\$0.50 per page	\$ _____
Qty: _____		DVD \$30.00	\$ _____
Qty: _____		Records check \$10.00	\$ _____

**TOTAL BALANCE DUE - \$**  
(NET 30 DAYS)

**MAKE CHECKS PAYABLE TO:**

COUNCIL BLUFFS, IOWA 51503

**PLEASE RETURN A COPY OF THIS PAGE WITH REMITTANCE**

DEPT. \_\_\_\_\_ REVENUE/REIMBURSEMENT CODE \_\_\_\_\_

<b>Details of Request (for office use only)</b>
Request Received via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In Person
Request Submitted on: _____ include date & time
Department/Employee Receiving Request: _____
Routing Information: _____