

# Mason City Police Department

78 S. Georgia  
Mason City, IA 50401

(641) 421-3636  
Fax: (641) 421-3639

## REQUEST FOR INFORMATION

NAME:	DATE:
	PHONE:

### ACCIDENT REPORT

DATE OF ACCIDENT:	
PERSON(S) INVOLVED:	

### OTHER POLICE REPORT

TYPE OF REPORT:	DATE OF REPORT:
COMPLAINANT'S NAME:	
OTHER INFORMATION:	

### CRIMINAL RECORDS CHECK\*

NAME:	(LAST)	(FIRST)	(MIDDLE)
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:		
REQUESTOR: (PRINT NAME)	(SIGNATURE)		
<b>WAIVER:</b> I hereby give permission for the above-listed requestor to conduct a Mason City Police Department records check. Any of the information maintained by the MCPD may be released and I understand that it will be used by the requestor only for licensing, employment or volunteer purposes.			
DATE:	SIGNATURE:		
RESULTS OF MCPD RECORD CHECK:			

\* Information released is only from the records of the Mason City Police Department, not from the State of Iowa or any other jurisdiction.

**OTHER PUBLIC RECORDS**

TYPE OF REPORT: <input type="checkbox"/> Call for Service Log <input type="checkbox"/> Taped/Digital Records <input type="checkbox"/> Other	DATE AND/OR TIME OF REPORT:
COMPLAINANT'S NAME:	
OTHER INFORMATION:	

**RECEIPT OF ITEMS**

I the undersigned, acknowledge receipt of the above requested documents.		
NAME: (LAST)	(FIRST)	(MIDDLE)
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	
SIGNATURE:	DATE:	

For Office Use Only:

REPORT	\$ AMOUNT	# OF COPIES OR ITEMS	TOTAL
<b>Accident or Incident Reports</b>			
1st copy to involved party	Free	x	N/A
2nd	\$4.00	x	
Each additional copy	\$0.20/page	x	
<b>Public Records (Paper)</b>			
1st 10 pages	\$2.00	x	
Each additional copy	\$0.20/page	x	
<b>Public Records (Recordings)</b>			
Each copy	\$4.00	x	
Preparation time	\$11.00/hr.	x	hrs
MCPD Criminal History	\$10.00/person	x	
Total Due			\$

NAME OF MCPD EMPLOYEE RELEASING INFORMATION: (PLEASE PRINT)	SIGNATURE:
DATE/TIME OF RELEASE:	TITLE: