



DES MOINES COUNTY SHERIFF'S OFFICE

512 N. Main Street
Burlington, Iowa 52601

Email Open Records request to: so-clerical@dmcounty.com

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Use of all, part or none of this form is optional and has no bearing on the response you will receive. Requests of anonymous nature will also be honored. This form is merely offered for convenience only. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

Requestor's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Description of the Public Record of Information Requested (be as specific as possible):

Please indicate if you would like the record copies sent to you via mail, will personally pick up, emailed or would simply like to inspect/examine at our office. The first 30 minutes of time to fulfill a request is free. Any time accrued after 30 minutes will be billed. Paper copies, discs, and/or flash drives will be billed as well. If we can e-mail requested records, the paper, disc, and/or flash drive fee is waived. Prepayment for estimated expenses may be required, and final payment **will be required** prior to receiving the records you requested. *Requests for records will ordinarily be processed within 10 business days.*

Signature of Requestor

Date of Request

OFFICE USE ONLY

Date Received: _____

Response Date: _____

Copies Made: ☐ Yes ☐ No

Amount Billed: _____

Employee: _____

Records Available: ☐ Yes ☐ No

How Many: _____

Pre-Paid Amount: _____

Balance: _____

Request Denied, provide reason: _____