



City of Bettendorf Police Department
1609 State Street
Bettendorf, IA 52722
Telephone: 563-344-4027 Fax: 563-344-4133

Requestor Information (Optional). The Bettendorf Police Department may not, by law, require any person to identify themselves when requesting public information. However, including your name and information will assist us in contacting you about the availability of the information that you are requesting. If you choose not to provide your information, it will be incumbent upon you to re-contact this office within 10 days to receive your requested documents.

Name of Requestor: _____ **Address:** _____
Telephone: _____

Information Requested (Please provide all known information to help locate the record)

Type of Occurrence: _____ **Report #:** _____
 Burglary, Theft, Accident, etc.

Location/Street Address of Occurrence: _____

Date/Time Reported: _____ **at:** _____

Name of Person Involved or Reporting Incident: _____

Criminal History (Information provided is only from Bettendorf Police Records
 Only includes arrest information, not disposition)

Name: _____ **Date of Birth:** _____
SSN: _____ **Maiden Name:** _____

Fingerprint Request

Printed Name: _____ **Date of Birth:** _____
Signature: _____ **Firm Name:** _____

<p align="center">Make all checks payable to the City of Bettendorf. If mailing this form, PLEASE enclose a self-addressed envelope.</p>	<p>For Office Use Only</p>	<p># of pages: _____</p>
	<p>Request received date: _____</p>	<p>Time: _____</p>
	<p>Request completed by: _____</p>	<p>Date: _____</p>
	<p>Payment by: Cash _____</p>	<p>Check: _____</p>