

**LAW ENFORCEMENT AGENCY (LEA)
ARMORED TACTICAL VEHICLE REQUEST**

SCREENER ID: _____ AGENCY NAME: Muscatine Police Department
POC: ? _____
ADDRESS (No P.O. Box): 312 E 5th St.
CITY: Muscatine STATE: Iowa
ZIP: 52761 EMAIL: btalkington@muscatineiowa.gov
PHONE: 563-263- [REDACTED] FAX: 563-288-0964

1. Type of Armored Tactical Vehicle Requested (if a specific type is required):
8-10 person MRAP or Bearcat
2. Number of Armored Vehicles Requested: 1
3. Geographic Responsibility (Square Miles Covered): ?
4. Is the LEA in a High Intensity Drug Trafficking Area (HIDTA): Yes ☒ No ☐
Verify at: <http://www.whitehousedrugpolicy.gov/hidta>
5. Is the LEA willing to accept an Armored Tactical Vehicle that is: Tracked ☐ Wheeled ☒ Either ☐
6. Number/Type of 1208/1033 Armored Tactical Vehicles Currently on Inventory:

7. Special Considerations:
As a Special Response Team carries much liability within the department we are trying to
minimize this and be able to serve our community to the best of our ability. Having an
armored vehicle will assist us with officer safety and better serving our community.

The Chief Executive Official/Head of Agency (Local Field Office), by signing, certifies that the requesting agency listed above has the appropriate funds, personnel, and equipment to operate and maintain the requested vehicle. It is also understood that this agency will not sell, trade, or cannibalize for parts, armored vehicles acquired through the 1033 Program. They certify that all information contained above is accurate and the request for an armored tactical vehicle is warranted and has been approved

CHIEF EXECUTIVE OFFICIAL/: Brett Talkington DATE: 11/14/13
HEAD OF LOCAL AGENCY PRINTED NAME

B. Talkington
SIGNATURE

STATE COORDINATOR: Kathryn Blake DATE: 11-14-13
(NOT REQUIRED FOR FEDERAL) PRINTED NAME

Kathryn Blake
SIGNATURE

LESO USE ONLY

LESO OFFICIAL:

[REDACTED]

SIGNATURE

DATE LEA WAS ADDED TO THE NATIONAL PRIORITY LIST: 11-14-13

LESO NOTES: _____

DISAPPROVED BY LESO: ☐ REASON: _____