



# REQUEST FOR A POLICE REPORT

## BEFORE COMPLETING A RECORDS REQUEST, PLEASE BE ADVISED OF THE FOLLOWING:

1. If the incident you are requesting is still pending in any court, the event cannot be released.
2. If the incident is still pending **any** investigation or is not completed by the officer, only a limited amount of information can be released. You might want to wait for the case to be completed so you can have the full report.
3. If you are requesting an incident involving a juvenile please know the juvenile information or pictures/names/identifiers will be stricken from the report. There will most likely be a delay in completing your request.
4. You do not have to complete this request if all you need is a copy of a traffic crash report. Traffic crash reports are generally ready 5 business days after the crash. In some cases, there may be a delay due to investigations (I.E. Leave the scene traffic crash or one that is more involved than a regular crash)
5. A records request **generally** costs \$1.00 for the first page and \$.50 for every page after.

I have read the above and still wish to request a report: \_\_\_\_\_  
 (Signature)

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.  
 I request you make available to me the police report related to:

Today's Date: \_\_\_\_\_

Date Incident Happened: \_\_\_\_\_ Incident # (If known): \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Names of person(s) involved in the incident: \_\_\_\_\_

Include any available video (Any video requested will cost according to how long it takes for the records custodian to review the entire video based upon the lowest hourly rate available to view it.)

Please let me know in advance of any search or copying if fees will exceed: \$ \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (Please Print Legibly)

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Address to send record to (if different than above): \_\_\_\_\_

▼ **DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY** ▼

_____ Full case	_____ Incident Only	Notes: _____
Signature Custodian of Records: _____		
Records Department: _____	Date Received _____	Date Sent/Method _____
		Initials _____