



POLICE REPORT REQUEST

City of Shawnee, Kansas

REQUESTOR

Email: _____

PLEASE PRINT LEGIBLY

Name: _____ Contact Person: _____
Phone: _____
Company Name: _____
Address: _____ City/State/Zip: _____

REQUEST INFORMATION

NOTE: This form is only to be used to request records for cases currently pending in Shawnee Municipal Court. All other record requests must be made through the City Prosecutor.

Defendant: _____ D.O.B. _____
Case Number(s): _____
Charge(s): _____
Date of Incident: _____ Location: _____

REQUEST TYPE

- Report Only
- Electronic Media Only, when available, includes: In-car Video, Booking Video, Audio Recordings, Photos (\$35.00 fee for reproduction of any available media)
- Report and Electronic Media
- Mail return requested

***** MEDIA REQUESTS WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED*****

FEES

A charge for providing copies of public records is authorized by state law and has been established by the City. These charges are set at a level to compensate the City for costs incurred in honoring your request.

ACKNOWLEDGEMENT

I hereby acknowledge that I am aware that the Kansas Open Records Act provides:

Except to the extent otherwise authorized by law, no person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in and derived from public records.

I also acknowledge that, pursuant to K.S.A. 45-230(b)(6), a violation of this section can subject the violator to a civil penalty of up to \$500.00 per violation.

SIGNATURE REQUIRED ➔

Requestor's signature

Date

Please deliver or fax to Shawnee Police Department at:

5850 Renner Road
Shawnee, KS 66217
913-742-6001 (phone)
913-631-5640 (fax)

For Office Use Only:

Date: _____

Initials: _____