



Junction City Police Department
Records request form

REQUESTER INFORMATION:

NAME _____ DRIVERS LICENSE/ID NUMBER* _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (Please include area code.) _____ EMAIL ADDRESS _____

REPORT(S)/INFORMATION REQUESTED:

REPORT/CASE NUMBER (if known) _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT (IF KNOWN) AND ANY EXTRA INFORMATION THAT WOULD ASSIST US _____

TYPES OF RECORDS REQUESTED (CHECK ALL THAT APPLY):

- OFFENSE REPORT
- NARRATIVE ONLY
- AUDIO
- VIDEO
- PHOTOGRAPHS
- ACCIDENT REPORT
- COMPLETE CASE
- OTHER (SPECIFY): _____

HOW WOULD YOU LIKE TO RECEIVE YOUR REPORTS?:

- Call me for pickup
- Mail (Customer to provide sufficient envelope and postage in order to receive reports by mail.)

*Copy of government-issued is required at the time of the request.

By signing and dating below, I verify that I will not use any information obtained for any illicit or commercial purpose which is strictly prohibited under K.S.A. 45-220(c)(2). My signature further releases the Junction City Police Department and its employees from any and all liabilities related to the reproduction, use, and dissemination of any information contained within the results of my request. I have read, understood and agree to these terms and wish to proceed with my request.

SIGNATURE

DATE

JUNCTION CITY POLICE DEPARTMENT
RECORDS DIVISION
210 E 9th Street
Junction City, KS 66441
(785) 762-5912

"To protect and serve with honor and integrity while being committed to a positive relationship with the community"

FOR OFFICE USE ONLY

Date received: _____ Date completed: _____

Estimated cost: _____ Actual cost: _____

Date customer notified: _____ Date sent/picked up: _____

Estimated research time: _____ Deposit required: Y N

How customer notified: Phone letter email in-person

Date logged and scanned/filed: _____ Date paid: _____

Method of payment: Cash Check Money Order Receipt # _____

Notes: _____

Signature of clerk completing request: _____