

**JUNCTION CITY POLICE DEPARTMENT  
RECORDS REQUEST FORM**

**REQUESTOR 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

PLEASE LET US KNOW HOW YOU WOULD LIKE TO RECEIVE YOUR REPORTS:

Call me for pick up  Mail\*

\* Customer to provide sufficient envelope and postage in order to receive reports by mail.

\*\*Copy of government issued is required at time of request

*By signing and dating below, I verify that I will not use any information obtained for any illicit or commercial purposes 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 9<sup>th</sup> 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: \_\_\_\_\_

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