

Independence Police Department
REQUEST FOR RECORD SEARCH

A \$5.00 RESEARCH FEE PER RECORD SEARCH WILL BE CHARGED.

I, _____
(NAME OF PERSON REQUESTING REPORT) (PHONE NUMBER) (DATE)

REQUEST THE INDEPENDENCE POLICE DEPARTMENT AND ITS EMPLOYEES:

MAKE AVAILABLE FOR INSPECTION THE FOLLOWING RECORD(S).

OR

PRODUCE A COPY OF THE FOLLOWING RECORD(S)

*** THE CURRENT RATE OF \$2.00 PER PAGE WILL BE CHARGED.**

PLEASE LIST NAME OF PERSON INVOLVED, DATE, TIME, LOCATION AND TYPE OF INCIDENT.

1. _____

2. _____

3. _____

I AM REQUESTING THE ABOVE RECORD(S) FOR THE FOLLOWING REASON:

ALL REQUESTS, EXCEPT FOR ROUTINE INSURANCE COMPANY REQUESTS FOR ACCIDENT REPORTS, WILL BE REVIEWED BY RECORDS PERSONNEL AND/OR THE OFFICE MANAGER OR SERGEANT FOR APPROVAL. SUFFICIENT TIME MUST BE GIVEN FOR THE RECORDS SECTION TO PROCESS THIS REQUEST. (SOP 4.40)

___ Request Approved

___ Request Denied Reason: _____

(POLICE OFFICE MANAGER/SERGEANT)

(DATE)