

POLICE REPORT REQUEST FORM

CITY OF LAKE QUIVIRA, KANSAS

REQUESTOR:

Name _____ Phone _____
Company Name _____
Address _____
City/State/Zip _____

RECORD COPY REQUEST:

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

Defendant _____ DOB _____
Case Number(s): _____
Charge(s) _____
Date of Incident: _____ Location: _____

I affirm that I represent the above-named defendant in this case, and that it is currently pending in the Lake Quivira Municipal Court.

Attorney's Signature KS Bar No

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 the actual 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 a violation of this section is a Class C misdemeanor.

Requestor's Signature

Date

PLEASE DELIVER OR FAX TO LAKE QUIVIRA POLICE DEPARTMENT AT 10 CRESCENT BLVD, LAKE QUIVIRA, KS 66217, FAX 913-631-5761, PHONE 913-631-5300.