## LAWSON POLICE DEPARTMENT



Chief Robert R. Smith 3<sup>rd</sup> & Pennsylvania PO Box 185 Lawson, Mo 64062 (816) 580-7210 Fax (816) 296-3184

## **Request for Police Report**

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri Please provide as much information as possible.

Date of Request:0	Case Number (if known):
Persons Involved:	
Type of Incident:	m Residence, Larceny from Auto, Traffic Accident)
(Examples: Burglary from	m Residence, Larceny from Auto, Traffic Accident)
Location of Incident or Accident:	
Date of Incident or Contact with Police	ce:
Additional Information:	
	to 3 days to process your request. estigation may take additional processing time.
Your PRINTED Name:	Phone #:
Signature:	
understand your request and need to get clo	ontact information for public data. However, if we do not arification from you, without contact information we will not essing your request until you contact us.
FEE:	
<del></del> -	.00, payable to City of Lawson by cash or check.
	rding is \$10.00, payable to <i>City of Lawson</i> by cash or check. nived or needs additional time or supplies to furnish, you will be a life before your request is processed.
We accept checks or cash-Reports may be p 8am-4pm	picked up at the Lawson Police Department, Monday-Friday,
COMPLETED BY OFFICE STAFF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Approved – Fee Paid: \$	Date Given/Sent:
<i>Receipt</i> #	Cash Check Given/Sent by:
Denied – Reason for Denial:	· · · · · · · · · · · · · · · · · · ·

Form of Notification of Denial: \_\_\_\_\_ Date Notified: \_\_\_\_