



Raymore Police Department

Request for Open Records

Requestor's Information (*indicates required field) Please print clearly.

*Name: _____ *Phone Number: _____

*Address: _____

Records Information (Please fill in as much information as possible)

Report Number:	Date of Event:	Time of Event:
Name(s) of person(s) involved :	Last Name:	First Name:
	Last Name:	First Name:
	Last Name:	First Name:
Location of Incident (Address):		
Reporting Officer:	Badge Number:	Type of Incident:

Requests may be submitted via fax to 816-331-0564, emailed to PoliceRecords@Raymore.com, in person or by regular mail to:

Raymore Police Department
ATTN: Records Custodian
100 Municipal Circle
Raymore, MO 64083

The Police Department is authorized to charge for the research, retrieval, redaction and other administrative costs of complying with your request per Chapter 610 of the Revised Statutes of Missouri.

Fee Schedule

CDs/Videos/Pictures on CD \$20.00 each

Report/CAD Report Copies \$5.00ea- for up to 10 pages and \$0.10 per page for all additional pages.

*****Self addressed stamped envelope and payment required at time of request for records to be mailed.*****

FOR OFFICE USE ONLY:		
Request Received By:	DSN:	Date:
Request Processed By:	DSN:	Date:
Request Released By:	DSN:	Date:
Cash Visa MC Disc Chk#	Amt Paid:	Receipt #:
Notes:		