



# RILEY COUNTY POLICE DEPARTMENT

Please complete the form and return to:  
Riley County Police Department  
Attn: RMS Supervisor  
1001 S. Seth Child Road  
Manhattan, KS 66502-3115

## REQUEST FOR COPY OF RECORDS

Requests for criminal history records and reports, to include Standard Offense Reports and Motor Vehicle Accident Reports, **must be made in writing either on this form or on a document of the requester's choice.** Please describe below the record or report desired.

Requests which are fulfilled immediately require a minimum payment of \$5.00. If mailing of the record or report is desired, a self-addressed stamped envelope is required. The fee covers processing costs associated with basic research and copy activities. If additional research is required, additional costs may accrue at the rate of \$20.00 per hour. **The Department will respond to this request by the close of the 3rd business day following receipt as required by the Kansas Open Records Act.** If the request is denied, the reason for denial will be provided below.

### Requester's Information:

First Name		Middle Initial	Last Name	
Street Address:		City	State	Zip Code
Daytime Phone Number:		E-Mail Address:		

Description of desired record or report:

### Office Use Only/ To Be Completed By RCPD

Received by:	_____
Amount Received:	_____
Date Received:	_____

### REQUEST STATUS:

**Approved** (*forward to*) \_\_\_\_\_

\_\_\_\_\_  
*Signature of approving authority:*                      *Title:*                      *Date:*

**Disapproved** (*Reason(s) denied*) \_\_\_\_\_

\_\_\_\_\_  
*Signature of disapproving authority:*                      *Title:*                      *Date:*