

Riley County Police Department Request for Statistics

NOTE: Seven work days are required for completion of this request.

This form is required for all requests for statistical information. Please describe below the nature of the statistical information desired. Upon approval, requests are prioritized by date of receipt and nature of request. A **\$3.00** fee per request for existing statistical summaries is required. The \$3.00 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**. Payment in advance is required based upon the Department's estimate of final cost. If the request is denied, the reason for denial will be found below.

Requester's Information:

First Name	Middle Initial	Last Name
Daytime Phone Number:	E-Mail Address:	

Search Criteria:

Time Frame:	
Crimes <i>(specify if any)</i> :	
Area:	<input type="checkbox"/> City Only <input type="checkbox"/> County Only <input type="checkbox"/> Ogden Only <input type="checkbox"/> All Jurisdiction

Additional Comments:	
----------------------	--

Description of desired statistic <i>(be complete & specific)</i> :	
--	--

Office Use Only/ To Be Completed By RCPD

Received by:	
Amount Received:	
Date Received:	

REQUEST STATUS:

<input type="checkbox"/> Approved <i>(forward to)</i>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Signature of approving authority:</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Title:</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Date:</i></td> </tr> </table>	<i>Signature of approving authority:</i>	<i>Title:</i>	<i>Date:</i>
<i>Signature of approving authority:</i>	<i>Title:</i>	<i>Date:</i>	
<input type="checkbox"/> Disapproved <i>(Reason(s) denied)</i>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Signature of disapproving authority:</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Title:</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Date:</i></td> </tr> </table>	<i>Signature of disapproving authority:</i>	<i>Title:</i>	<i>Date:</i>
<i>Signature of disapproving authority:</i>	<i>Title:</i>	<i>Date:</i>	