



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 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 (specify if any): _____

Area:

City Only County Only Ogden Only All Jurisdiction

Additional Comments: _____

Description of desired statistic (be complete & specific): _____

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:*