

RILEY COUNTY POLICE DEPARTMENT

To reduce crime and improve the quality of life for the citizens we serve

Please complete this form and return to:

Riley County Police Department

Attn: Records

1001 S. Seth Child Road

Manhattan, Kansas 66502-3115

(785)537-2112 Ext. 0 / Fax: (785)565-6550

records@rileycountypolice.org

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Phone Number:	E-Mail Address:
<input type="text"/>	<input type="text"/>

Search Criteria:

Time Frame:
<input type="text"/>

Crimes (specify if any):
<input type="text"/>

Area:
<input type="checkbox"/> City Only <input type="checkbox"/> County Only <input type="checkbox"/> Ogden Only <input type="checkbox"/> All Jurisdiction

Additional Comments:
<input type="text"/>

Description of desired statistic (be complete & specific):
<input type="text"/>

Office Use Only/ To Be Completed By RCPD

Received by:	<input type="text"/>
Amount Received:	<input type="text"/>
Date Received:	<input type="text"/>

REQUEST STATUS:

<input type="checkbox"/> Approved (forward to)	<input type="text"/>
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Signature of approving authority:

Title:

Date:

<input type="checkbox"/> Disapproved (Reason(s) denied)	<input type="text"/>
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Signature of disapproving authority:

Title:

Date: