

CITY OF ANDOVER

ANDOVER POLICE DEPARTMENT

Public Service Excellence thru Compassion, Integrity & Commitment

REQUEST FOR REPORT COPY

*(Request Must Be Made In Writing, If Not Made Using This Form)
(To be completed by Requestor. Fields in **Bold** are required Fields.)*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

Copies Sought: Please provide as specific a description as possible of the record(s) sought. Include case number, date, location, parties involved, if applicable.

1. _____
2. _____
3. _____

I certify that I have the right of access to the records. I do not and will not (a) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resided at any address(es) listed, or (b) sell, give or otherwise make available to any person any list of names or addresses contained in, or derived from, the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resided at any address(es) listed.

Signature: _____ Date: _____

(To be completed by Records)

Identifications verified by: _____ Officer #: _____

ID Checked:

Personal Recognition: _____

Driver's License: _____

Other Photo ID: _____

What: _____

Charges: A charge for providing copies of public records is authorized by state law and has been established by the Andover Police Department. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. There is a fee of \$10.00 per report requested and/or \$25 per DVD request, which must be paid prior to receiving copy(s). Additional photocopy charges and research time may be applied.

The charge to you for the copy(s) of the records you request is: \$ _____

Request Received: Date _____ Time _____

Communications Officer receiving request: _____

Copy Provided: Date _____ Time _____

Communications Officer providing copy(s): _____

YOUR COPY OF THIS FORM IS YOUR RECEIPT

Buck Buchanan, Chief of Police

909 N. Andover Rd. • P.O. Box 783 • Andover, KS 67002 • 316-733-5177 • FAX 316-733-9648

Records Hours Of Operations

Monday - Friday 8:00 am to 4:30 pm

APD Form 58/Rev. 08102022