

DISCOVERY REQUEST

Please complete this form and return to the Police Department with the appropriate payment. Reports and videos will be emailed to the email address provided on this form. **Requests will not be processed until payment has been received.**

TICKET or CASE #(s):					
DEFENDANT:					
Last N			Name	MI	DOB
APPROXIMATE TIME,	'DATE OF OFFE	ENSE:			
ISSUING OFFICER NA	ME/BADGE #	·			
ATTORNEY:					
Last No	ıme	First N	lame		
PHONE AND E-MAIL	•				
your request. Fees mu videos is \$25.00 for all	st be received available vide	by the Mission Po	lice Depo	artment prio	actual costs incurred in honoring or to copies being made. The fee for 90 days.
Requesting copies of					
□ \$5.00 - POLICE REF	PORT				
					CAR VIDEO, BODY-WORN VIDEO VIDEO (in-car video from
NOTICE: Videos are st 90 DAYS.	ored and retain	ed according to I	Departmo	ent policy. \	/IDEOS MAY NOT BE AVAILABLE AFTE
to the extent otherwise selling or offering for s	e authorized by ale any proper	law, no person st y or services to p	nall know ersons lis	ringly sell, g ted therein,	Open Records Act provides: "Except ive or receive, for the purpose of any list of names and addresses a violation of this section is a Class (
Signature:					Date:
For Police Department Pers	onnel:				
Case #:	Cost:	Payment received	d:		
Request received:	Request pro	ocessed:	Rec	eived by Munid	cipal Court:
6090 Woodson St. Mi	ssion, KS 66202				913.676.8300 missionks.org