



DISCOVERY REQUEST

Please complete this form and return to the Police Department via email pdrecords@missionks.org. Reports and videos will be emailed to the email address provided on this form. **Requests will not be processed until payment has been received. Payment may be made over the phone (913.676.8300) during regular business hours.**

TICKET or CASE #(s): _____

DEFENDANT: _____
Last Name First Name MI DOB

APPROXIMATE TIME/DATE OF OFFENSE: _____

ISSUING OFFICER NAME/BADGE #: _____

ATTORNEY: _____
Last Name First Name

PHONE AND E-MAIL: _____

FEES: A charge for providing copies of records is authorized by state law and has been established by City ordinance. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. Fees must be received by the Mission Police Department prior to copies being made. The fee for videos is \$25.00 for all available videos. Videos may not be available after 90 days.

Requesting copies of:

- \$5.00 - POLICE REPORT
- \$25.00 – ALL AVAILABLE VIDEO, MAY INCLUDE THE FOLLOWING: IN-CAR VIDEO, BODY-WORN VIDEO, BOOKING VIDEO (booking room, post-arrest), BACK-UP PATROL CAR VIDEO (in-car video from backing officer)

NOTICE: Videos are stored and retained according to Department policy. VIDEOS MAY NOT BE AVAILABLE AFTER 90 DAYS.

ACKNOWLEDGEMENT: I hereby acknowledge that I am aware the Kansas Open Records Act provides: "Except to the extent otherwise authorized by law, no person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or services to persons listed therein, any list of names and addresses contained in and derived from public records." I further acknowledge that a violation of this section is a Class C misdemeanor.

Signature: _____ Date: _____

For Police Department Personnel:

Case #: _____ Cost: _____ Payment received: _____

Request received: _____ Request processed: _____ Received by Municipal Court: _____