



**CUSTODIAN OF RECORDS  
PUBLIC RECORDS REQUEST**

<b>REQUESTOR'S INFORMATION (Asterisk (*) indicates field must have a value.)</b>			
NAME (Title, First, Last)*		COMPANY NAME (If applicable)*	
ADDRESS*			
CITY*		STATE*	ZIP CODE*
TELEPHONE NUMBER*		EMAIL ADDRESS	
<p>By law, certain records may be open upon request to certain individuals but closed to the general public. Please state your interest in the records requested (such as general public, party, or representative of a party, victim, etc.) so that we may determine whether those records, if closed to the public, may be available to you. Investigative reports will be disseminated in compliance with Missouri Statute 610.100.</p>			COURT CASE* <input type="checkbox"/> Civil <input type="checkbox"/> Criminal
REASON FOR REQUEST*			
IF YOU ARE AN ATTORNEY, WHOM DO YOU REPRESENT?		COURT CASE NUMBER	
<b>RECORDS INFORMATION (Please fill in as much information as possible.)</b>			
REPORT NUMBER	DATE OF EVENT	TIME OF EVENT <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME(S) OF PERSON(S) INVOLVED	DATE OF BIRTH	SOCIAL SECURITY NUMBER (Last Four Digits)	
LOCATION OF INCIDENT (Address)	VIN NUMBER	LICENSE PLATE NUMBER	
INVESTIGATING OFFICER			BADGE NUMBER
INVESTIGATING OFFICER			BADGE NUMBER

DESCRIBE THE TYPE OF REPORT OR INFORMATION YOU ARE REQUESTING (Be as specific as possible.)\*

I certify, under penalty of perjury, that the information provided on this form is true and accurate to the best of my knowledge and belief, and any misrepresentation or falsification made by me on the form may result in discontinuance of incident report copies disseminated to me or my company from the Peculiar Police Department, civil penalties, criminal penalties, or a combination thereof.

Signature Required\* \_\_\_\_\_

The Peculiar Police Department accepts electronic requests for records but does not respond to e-mail. This shall satisfy the statutory requirement of a response within **three business days** following the receipt of your request. Requests for records may take approximately **10 business days** to process depending on the nature of the request and research backlog. Please do not call to check the status of your request until **10 business days** after your request was submitted. If you wish to withdraw your request or need further clarification regarding your request please call.

Peculiar Police Department  
224 N. Main Street, P.O. Box 653  
Peculiar, MO 64078  
Phone: 816-779-5102 ● Fax: 816-758-5103