WESTON MISSOURI POLICE DEPARTMENT CUSTODIAN OF RECORDS

PUBLIC RECORDS REQUEST

REQUESTOR'S INFORMATION (All fields in t	this section	that have a	n asterisk (*) mu	ıst have a value.)
NAME (Last, First, Middle)*		COMPANY NAME (If applicable)		
ADDRESS*				
CITY*			ATE*	ZIP CODE*
TELEPHONE NUMBER*	E-MAIL ADDRESS			
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 to an accident, victim, etc.) so that we may determine whether those records, if closed to the public, may be available to you. Traffic Case Criminal				
REASON FOR REQUEST*				Type of Accident Report Incident
IF YOU ARE AN ATTORNEY, WHOM DO YOU REPRESENT?				Court Case Number
RECORDS INFORMATION (Please fill in as m	nuch informa	ation as po	ssible.)	
REPORT NUMBER DATE OF EVENT			TIME OF EVENT	
NAME(S) OF PERSON(S) INVOLVED		DATE OF BIRTH		SOCIAL SECURITY NUMBER (last four digits)
EVENT LOCATION VIN NUMBER				LICENSE PLATE NUMBER
INVESTIGATING OFFICER NAME				BADGE NUMBER
INVESTIGATING OFFICER NAME				BADGE NUMBER
DESCRIBE THE TYPE OF REPORT OR INFORMATION YOU ARE REQUESTING (Be as specific as possible)				
The Custodian of Records Section accepts electronic requests for records but does not respond to requests by e-mail. Requests for records may take 15–20 business days to process. Please do not call to check the status of your request until 20 business days after your request was submitted.				
Weston Missouri Police Department Custodian of Records Section				
300 Main Street				
Weston, MO 64098 Phone: 816-640-2752 (City Hall) or 816-640-2455 (Station) Fax: 816-386-2336				