



LINCOLN UNIVERSITY POLICE DEPARTMENT
820 CHESTNUT ST JEFFERSON CITY, MO 65101
(573)681-5555

Name of Requestor: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

Please give as detailed an explanation of the record you are requesting as possible. Failure to provide sufficient information for record retrieval and processing can delay the processing of your request or result in a denial of information.

Case number: _____ Type of Incident: _____

Date and Time of Incident: _____

Location of Incident: _____

Name(s) of Individuals Involved: _____

Requestor's Involvement in Case: _____

Please fax or email requested documents to: _____

Please mail the requested documents to me at the above address.

Please call when the requested documents are ready for pick up. **NOTE: IF DOCUMENTS ARE NOT PICKED UP AFTER 7 DAYS FROM PHONE CALL THEY WILL BE MAILED TO ABOVE ADDRESS**

If the requested document is not available for release, I would like the opportunity to inspect the requested documents.

The completion of this form confirms that the Lincoln University Police Department received your request for public records pursuant to the Missouri Sunshine Law, Section 610.10.1. We estimate that it will require approximately 7 business days to respond to your request. Of course, if we can complete our research sooner, we will notify you immediately.

Signature of Requestor: _____ Date: _____

By typing your name above you are agreeing that this is valid as your signature.

Below for Office Use Only

Received by: _____ Date: _____ Released by: _____ Date: _____

ID Verified: Yes No Logged: Yes No

Type of Records Released: _____

Redaction Type: Standard Juvenile Other

Progress Notes: _____
