Chillicothe MO Police Department
Request for Information

Please fax or email this form to contactus@chillimopd.org

REQUESTOR'S INFORMATION

Date Requested: ______________________
Name: _______________________________ Address: _______________________________
Phone: ______________________________ City/State/Zip: __________________________
Proof of identification: ___________________________________________________________

INQUIRY DETAILS

☐ Traffic Record Only
☐ Criminal History (with traffic) Police
☐ Report #: __________________________
☐ Incident at (location): __________________ Date (range): _________________________
☐ Other: ______________________________

**Information will be disseminated according to Missouri Sunshine Laws (Chapter 610, Revised Statutes of Missouri). Some information may not be available to the public.

Signature

FOR OFFICE USE ONLY

Date Received: _______________________
Date Replied: ________________________ Clerk: ________________________________
Fee/Collected: _______________________
Comments: __________________________