



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: _____