LPD Reports: \$10





LPD Body Worn Cameras, 911 Audio, Dash Cam Footage: Up to \$150

Lawrence Police Department Public Records Request

Today's Date:					
Name:					
Address:			Zipcode:		
Phone Number: ()_		Email:			
Documents Requested	(Attach separa	ate list if additior	nal space is ne	eded):	
When form i	s completed, pleas	se send to LPDrecords	srequest@cityofla	wrence.org.	
	FOR C	CITY STAFF USE O	ONLY:		
FORM OF REQUEST:	IN-PERSON	ELECTRONIC/LE	TTER		
DATE RECEIVED:		RECEIVED	BY:		
DATE INITIAL RESPONSE SE	NT:				
RESPONSE SENT BY:					
FINAL RESPONSE:D	OCUMENTS PROV	VIDED			
PA	ARTIAL DOCUME	NTS PROVIDED			
N	O DOCUMENTS P	PROVIDED			
DATE COMPLETION LETTER	R SENT:				
COMPLETION LETTER SENT	BY:				
NO	OF PAGES: #	OTHER FEE	- ¢	TOTAL AMOUNT OWED	