City Hall

6 East 6th Street PO Box 708 Lawrence, KS 66044

LAWRENCE KANSAS POLICE DEPARTMENT COMPLIMENT FORM



Date: _____

785-832-3000 **lawrenceks.org**

Name:	
	_ Email/Other Contact:
Involved Officer/Employee:	Incident Case #:
Summary of the compliment	
, ·	
The undersigned herby affirms that the above is true and correct.	

Signature: