



# RECORDS REQUEST FORM

This is a request for records under the Missouri Sunshine Law Chapter 610, Revised Statutes of Missouri and Referencing Chapter 115.100 of the City Municipal Code

**Note:** In accordance with 610.026 RSMo, the City has 72 hours to fill or acknowledge your request for information by providing an estimated time to conduct research and duplication of records. Furthermore, the requestor is responsible for reimbursing the City for the cost incurred for research time and reproduction of the requested documents prior to them being generated and the info released. Record Requests must be submitted and processed by the City Clerk.

**Requestor's Contact Information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature: \_\_\_\_\_

**Notice:** I, the above signed, understand that I am responsible for paying upfront any appropriate fees to cover the costs incurred by the City for producing the records requested described below.

**Describe the records you are requesting i.e. name/description or date.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Desired format of records requested:** Electronic  Hardcopy

**Requester would like the information sent via:** Mail  Fax  Email  I will pick-up

**Received by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Request Processed By: \_\_\_\_\_

Request for records denied for the following reasons: \_\_\_\_\_

Research Time: \_\_\_\_\_ Rate: \_\_\_\_\_

Cost of Copies: \_\_\_\_\_ Postage: \_\_\_\_\_

Other: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ Payment Date: \_\_\_\_\_