



REQUEST FOR RECORDS
MISSOURI SUNSHINE LAW, CHAPTER 610 RSMo

Name: _____ Date: _____

(Please print all information clearly)

Address: _____ (City) (State) (Zip)

Phone: _____ cell home

DESCRIPTION OF RECORDS REQUESTED – Be Specific. Include names, types of documents and dates occurred.

APPROVAL REQUIRED – PLEASE READ CAREFULLY, SPECIFY A FEE LIMIT AND SIGN.
-If the estimated cost of services exceeds \$20.00, we may require a cash deposit of the total estimated cost BEFORE any work is carried out.
-Per State Statute 610.023, please allow three full working days for processing following the receipt date of the request.
-Records and/or copies will be available for 30 days after requester is notified
NOTIFY ME IN ADVANCE IF THE COST OF RESEARCH OR COPYING FEES WILL EXCEED \$ _____
SIGN HERE _____
(REQUEST WILL NOT BE PROCESSED WITHOUT SIGNATURE)

COST LIST: (PLEASE INDICATE IN WHICH FORMAT YOU WOULD LIKE TO RECEIVE YOUR RECORDS)

[] \$.10 8 1/2 X 11 per page per side [] \$1.00ea CD (Blank Media Only)

Additional fees:

- Labor and research time will be charged in 6 minute increments based on staff members' wages including benefits
- If a request requires an outside agency's assistance, the actual fees imposed and costs incurred by the outside agency shall be charged, as well as the fees provided above.

CITY OF PEVELY – OFFICE USE ONLY

Cost of copies: \$ _____
Cost of labor: \$ _____
Other costs: \$ _____
Total: \$ _____

City Clerk Approval: _____
Request processed by: _____
Notification Date: _____

Date Requested: _____
Received by: _____

Time Started: _____
Time Ended: _____