#  REQUEST FOR RECORDS

**MISSOURI SUNSHINE LAW CHAPTER 610 RSMo**

**OFFICE OF THE CITY CLERK – GERALD, MISSOURI**

### 106 E. Fitzgerald Ave., P.O. Box 59, Gerald MO 63037

**573-764-3340 • Fax 573-764-2987**

**Your Name:**

**( Please print all information clearly )**

**Your Address:**

**( Street ) ( City ) ( State ) ( Zip )**

## Phone: Fax: Date:

***DESCRIPTION OF RECORDS REQUESTED* – BE SPECIFIC. Include types of documents, names, 911 addresses, dates, etc.**

***APPROVAL REQUIRED –* PLEASE READ CAREFULLY, SPECIFY A FEE LIMIT, AND SIGN.**

* ***If the estimated cost of services exceeds $20, we may ask for a Credit Card number or require a cash deposit of the total estimated cost before any work is carried out.***
* ***You may provide a Credit Card number at the bottom of this form.***
* ***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 unless other arrangements are made.***

PLEASE NOTE: We are not responsible for emailed requests caught in our spam filter or the non-receipt of electronically or facsimile transmitted requests. We recommend that you confirm your request has been received to ensure compliance with Chapter 610 RSMo.

**NOTIFY ME IN ADVANCE IF THE COST OF RESEARCH OR COPYING FEES WILL EXCEED $**

**SIGN HERE >**

*(Request will not be processed without signature.)*

PLEASE INDICATE THE FORMAT AND DELIVERY METHOD FOR YOUR RECORD COPIES:

|  |  |
| --- | --- |
| * **8½x11 or 9x14 … $.10 per page per side**
 | * **Mailed via USPS … cost of postage will be applied**
* **Fax**
* **E-mail digital files to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Additional Fees:

* **Labor and research time will be charged in 15 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 any fees for materials or services provided above.**

**CITY OF GERALD OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost of copies:** |  | **$**  | **City Clerk approval:** |  |
| **Cost of labor:** |  | **$**  | **Request processed by:** |  |
| **Other costs:** |  | **$**  | **Notification Date:** |  |
|  | **Total:** | **$**  | **Receipt number:** |  |
| **Comments:** |  |  |  |  |

 ***CREDIT CARD INFORMATION* Check one:**  **VISA**  **MASTERCARD**

### Name on Card:

**Card Number: Expiration Date: SIGNATURE APPROVING CREDIT CARD CHARGES:**