

**CITY OF STRAFFORD
RECORDS REQUEST FORM**

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

Access to public records shall be provided within three business days following a request – except if additional time is needed. In the event more time is needed, you will still receive a response within three working days.

DATE OF REQUEST _____

NAME _____

ADDRESS, EMAIL ADDRESS AND/OR TELEPHONE NUMBER _____

PLEASE CHECK ONE OF THE FOLLOWING:

I am interested in viewing the records _____

I am interested in obtaining copies of the records _____

DESCRIBE THE RECORDS AS SPECIFICALLY AS POSSIBLE. PLEASE TRY TO IDENTIFY THE TIME PERIOD.

DOCUMENT REQUESTED	NUMBER OF COPIES
_____	_____
_____	_____
_____	_____

ESTIMATED CHARGES:

Research/Copy Time @ \$13.80/hour _____

Cost of Copies @ \$.10/page _____

TOTAL DUE _____

DATE REQUESTED _____ **TIME REQUESTED** _____

DATE OF RESPONSE: _____ **VIA** _____

City Clerk
City of Strafford