



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:

- | | |
|--|--|
| <input type="checkbox"/> 8½x11 or 9x14 ... \$.10 per page per side | <input type="checkbox"/> Mailed via USPS ... cost of postage will be applied |
| | <input type="checkbox"/> Fax |
| | <input type="checkbox"/> 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: _____