

CITY OF MARTHASVILLE
402 EAST MAIN STREET
MARTHASVILLE, MO 63357
PHONE (636)433-5554

RECORDS REQUEST FORM

Date: _____

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

I request that you make available to me the following records: _____

(Describe records as specifically as possible. If you are asking for records that cover only a particular period, identify that time period.)

OR

I request that you make available to me all records that relate to: _____

(Be as specific as possible; include dates if you can.)

AND

I request that the records responsive to my request be copied and sent to me at the following address: _____

I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to: _____

(If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived. Tell how you will use the information and why that use is in the public interest)

Please let me know in advance of any search or copying, if the fees will exceed \$ _____

(Insert amount you are willing to pay without additional information about the documents.)

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Name: _____

Address: _____

Phone: _____

Email: _____

Office Use:

Date Received: _____

Time Received: _____

Date Completed: _____

Time Completed: _____

How Delivered: _____

Fee Charged: _____

Fee Paid: _____