



PUBLIC RECORDS REQUEST FORM
REQUEST FOR RESEARCH & COPIES
CUSTODIAN OF RECORDS
 1 Courthouse Square, Liberty, MO 64068
 Email: sunshine@claycountymo.gov Phone (816) 407-3570

No. 2021- _____
Admin Rcvd _____
Date _____
Time _____

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

(Please **clearly** complete this form in its entirety where applicable in order to assist in processing your request in a timely manner.)

This request is per RSMo 610, the Missouri Sunshine Law. The request is to be responded to by the end of the third business day (excluding legal holidays and weekends) following the date the request is received by the Custodian of Records. A response constitutes either compliance of the records requested, a reason for delay or legal explanation as to why the records may not be available as requested. The response may require additional time or charges depending upon information sought within the request. Please complete the form as completely as possible to better assist you with your request.

The Clay County Clerk is the Custodian of Records per Resolution 2021-13. Procedurally the Custodian of Record receives and documents the request before submitting the request to the County Counselor's Office to review and obtain the information from the necessary departments and as appropriately governed under the Sunshine Law. The Custodian of Record will document the responses until completion of the request per the approval of the County Counselor's Office and file all requests under public record.

Record(s) Requested By: _____
First Name Last Name

Address: _____
Street City State Zip

Email: _____ **Phone :**(____) _____ **Fax :(____)** _____

Description of Record(s) (if available): **Documents** **Audio** **Video** **Other** _____

Describe the records as specifically as possible. Please identify specific time periods if necessary. Attach additional sheets as needed.

My signature below acknowledges and agrees to the minimum administrative fee of \$5.00 per request (\$20.00 per hour at fifteen minute increments). Additional costs may or may not include research time and material costs such as copies (\$0.10/one side or \$0.20/double-sided) or CD/DVD (\$2.00 each).

Requestor's Signature _____ **Date** _____