



PUBLIC RECORDS REQUEST FORM

REQUEST FOR RESEARCH & COPIES

CUSTODIAN OF RECORDS

1 Courthouse Square, Liberty, MO 64068

Email: sunshine@claycountymo.gov Phone (816) 407-3600

No. 2018- _____

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 Administrator is the Custodian of Records per Resolution 2017-64. 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.

I understand fees may be required for additional research cost, copies, media, or other as needed (to be disclosed). You have authorization to proceed unless fees exceed the amount to follow and I therefore request you to contact me. \$ _____

I request the fees be waived to serve the public's interest. Please state how and why the info will be used in the public interest:

Requestor's Signature: _____ **Date:** ____/____/____ **Time:** _____

BILLING INFORMATION

Copies (letter/legal size) x \$.10 page (\$.20 double-sided) _____ x (additional copies _____) _____ = _____

CD DVD Cassette (select media choice) x \$2.00 each x (additional copies _____) _____ = _____

Research: x \$ _____ per _____ hour(s) (x _____ of employees required) _____ = _____

Other: _____ = _____

TOTAL COST (Due upon completion): \$ _____

Given to Requestor: Date _____ Time _____ Administrator _____