

# RECORDS REQUEST FORM



**Liza Walker - City Clerk/Treasurer**  
**Custodian of Records**  
**clerk@jacksonmo.org**  
**City of Jackson, 101 Court Street, Jackson, MO 63755**  
**(573)243-3568      Fax: (573)204-8292**

**REQUEST FOR COPIES OF PUBLIC RECORDS** - 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.

**Date of Request** \_\_\_\_\_

**Person Requesting:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

<b>DOCUMENT REQUESTED:</b>	<b><u>Length of Document</u></b>	<b><u>Number of Copies</u></b>	<b><u>Certified (Yes/No)</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature**

\*\*\*\*\*

**CHARGES:**

Certification (@ \$5 each) _____	<b>AMOUNT PAID:</b> _____
Research Costs (per hour) _____	<b>RECEIPT ISSUED:</b> <u>  </u> YES <u>  </u> NO
Duplication Costs (per hour) _____	<b>DATE MAILED:</b> _____
Cost of Copies (@ \$.10/page) _____	
Cost to Duplicate Audio Tapes (Cost of tapes and Staff time) _____	
<b>TOTAL DUE: \$</b> _____	