

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: _____

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

Requested By: _____ **Date:** _____
Signature

CHARGES:

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