

**CITY OF Reeds Spring
RECORDS REQUEST FORM**

TO: Rose Warriner, City Clerk
Custodian of Records
22601 Main Street
PO Box 171
Reeds Spring, MO 65737
cityclerk@reedsspring.org

In accordance with Chapter 610, RSMo, commonly known as the "Sunshine Law", access to public records shall be provided within three business days following a request, or a response sent stating the need and reason(s) for additional time.

Date of Request: _____

Name: _____

Phone #: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Fax #: _____

Please describe specifically the document(s) you are requesting. If you are asking for records that cover only a particular period, such as last year or a specific month, please identify the time period:

**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, the closed portions will not be included in the requested copies.

Signature: _____

For Office Use Only

Estimated date of availability of requested information _____ Initials _____

Requestor has been notified that retrieval will require more than three business days

Yes ___ No ___ Date notified _____ Method Notified: Mail ___ Phone ___ Email ___ Initials _____

Estimated research time _____ hrs. X \$10.90 = _____

Number of page Copies _____ X \$0.10 = _____

Number of Certified Copies _____ X \$5.00 = _____

Total Cost _____

Amount Paid: _____ Receipt Number _____ Clerk Initials _____

Verification Date: Mailed _____ Pickup _____ Viewed _____ Other (email/fax) _____

Verified By: _____