



#SLR \_\_\_\_\_

MISSOURI SUNSHINE LAW - RECORDS REQUEST

TO: Custodian of Records  
City of Manchester  
14318 Manchester Road  
Manchester, MO 63011  
[cityhall@manchestermo.gov](mailto:cityhall@manchestermo.gov)

FROM: Name: \_\_\_\_\_  
Please Address: \_\_\_\_\_  
Print City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. I request that you make available to me the following records: \_\_\_\_\_

START: Month/Year \_\_\_\_\_ END: Month/Year \_\_\_\_\_

**Records Request Fee**

Current average clerical rate applicable to research and compilation	\$24.73/ hour
Copy Fee	\$ .10 per page
Copy of Audio CD (by request only)	\$3.50 per CD

**You will be notified of the total cost for payment, including postage, if applicable at the time of its completion.**

**\*\*VOLUMINOUS ARCHIVED RECORDS MAY REQUIRE ADDITIONAL RESEARCH TIME AND REQUIRE A DEPOSIT BEFORE PREPARATION\*\***

**Check (✓) the boxes that apply to your request:**

**MAIL PAPER COPIES:**

I request that the records requested be copied and sent to me at the following address, and postage will be paid by me. Address/City/State /Zip: \_\_\_\_\_

**\*PREPAYMENT REQUIRED**

**MAXIMUM PAYMENT:**

If search and copying fees will exceed \$ \_\_\_\_\_ please notify me before proceeding with the copying process. (Insert the amount you are willing to pay without more information about the documents.)

**VIEW DOCUMENTS:**

I want to view the documents instead of receiving paper copies. These documents will be viewed in the presence of Manchester personnel, and costs for such processes will be accrued as provided above other than per-page copying charges.

**PUBLIC INTEREST:**

I believe this request serves the public interest and is not for personal or commercial interest; therefore, I request that all fees for locating and copying the records be waived.

State how this information will be used and why that use is in the public interest:

**CLOSED PORTIONS OF RECORDS:**

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If attorney, please furnish the name of your client: \_\_\_\_\_
- If insurance company, please furnish the name of your insured: \_\_\_\_\_
- If related to person named in document, please state relationship: \_\_\_\_\_