#SLR_____

MISSOURI SUNSHINE LAW - RECORDS REQUEST

TO: Custodian of Records
City of Manchester
14318 Manchester Road
Manchester, MO 63011

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	$22.90/ 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:** _____