

City of Clarksdale
114 N Main
Clarksdale, MO 64430
816-393-5363 phone/fax
clarksdalemo.myruralwater.com

RECORDS REQUEST FORM

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. (Please write clearly.) I request that you make available to me the following records:

(Describe the records as specifically as possible. Where you are asking for records that cover only a particular period, such as last year or a specific month, identify that time period)

If you know the subject matter of the records, but do not have additional information, use this alternative: I request that you make available to me all records that relate to

(Be as specific as possible; include dates if you can)

The City of Clarksdale will respond to your request within three business days, however providing the information requested may take additional time depending on the extent of the request. Our dedicated staff will attempt to provide all of the information requested within three business days. However, requests which require significant amounts of staff time or City resources may take longer to collect and may be subject to a fee. All fees must be paid prior to the collection and release of information. Any information you provide to our agency may be subject to disclosure upon request.

If you want, and are willing to pay for copies of the records, rather than just being able to see them: I request that the records responsive to my request be copied and sent to me at the following address: _____.

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived: I request that all fees for locating and copying the records be waived.

The information I obtain through this request will be used to _____
(Tell how you will use the information and why that use is in the public interest)

Costs

Clarksdale may invoice requesters to recover costs incurred in fulfilling records requests. This includes staff research, review and or duplication time, as well as materials costs, at the rates listed below:

- o Clerical staff time (hourly rate) \$12.00 per hour
- o Paper copies (8 ½ X 11) \$.10 cents per page
- o Larger copies will be quoted based on cost of size requested
- o Any other applicable costs associated with the records requests (i.e. postage, packaging, etc.)

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, please segregate the closed portions and provide me with the rest of the records. If any part of my request for access is denied, please provide a written statement for each legal ground for such denial.

Date

Signature

Name

address

phone number

e-mail address