

**City of Reeds Spring
RECORDS REQUEST FORM**

To: Custodian of Records
22595 Main Street
PO Box 171
Reeds Spring, MO 65737
info@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 coping 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 per employee pay rate= _____

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: _____