

REQUEST FOR RECORDS MISSOURI SUNSHINE LAW CHAPTER 610 RSMo

OFFICE OF THE CITY CLERK – BRANSON, MISSOURI

110 W. Maddux St., Suite 205, Branson, MO 65616 417-337-8522 ext. 3240 • Fax 417-335-4354

Your Name:					
(Please print all information clearly)					
Your Address:					
(Street)		(Ci	ty)	(State)	(Zip)
Phone: Fax	K:		Date:		
DESCRIPTION OF DECORDS DECLIES	CTED _ p	E CDECIEIC I			011 addusses
DESCRIPTION OF RECORDS REQUES	<u> Э<i>I ЕО</i></u> — ві	E SPECIFIC. I	nclude types of d	ocuments, names,	911 addresses,
dates, etc.					
APPROVAL REQUIRED — PLEASE READ (CAREFULLY,	SPECIFY A FE	E LIMIT, AND SIG	N.	
• If the estimated cost of services exceeds \$20, w	ve mav ask	for a Credit (ard number or re	eauire a cash depo	sit of the total
estimated cost before any work is carried out.	,	,		. ,	
• You can provide a Credit Card number at the be	ottom of th	is form.			
• Per State Statute 610.023, please allow three f	_				
 Records and/or copies will be available for 30 	days after r	equester is n	otified unless oth	ner arrangements (are made.
PLEASE NOTE: We are not responsible for emailed	-	-	-		-
facsimile transmitted requests. We recommend	that you co	nfirm your re	quest has been r	eceived to ensure	compliance with
Chapter 610 RSMo.					
NOTIFY ME IN ADVANCE IF THE COST	OF DECE	A DCU OD	CODVING FEE	C WILL EVCEET	Ċ
NOTIFY WE IN ADVANCE IF THE COST	OF RESEA	ARCH UK	COPTING FEE	3 WILL EXCEEL	, , ,
SIGN HERE >					
JIGIN HEIKE /					
<mark>(Req</mark>	<mark>uest will no</mark> t	<mark>t be processe</mark>	<mark>d without signatu</mark>	<mark>ıre or fee limit.)</mark>	
PLEASE INDICATE THE FORMAT AND DELIVERY M	1ETHOD FOI	R YOUR RECC	RD COPIES:		
☐ 8½x11 or 9x14 \$.10 per page per sid	le	☐ CD blank media is \$.50			
☐ 11x17 sheet \$.20 per page per sid		☐ Mailed via USPS cost of postage will be applied			
☐ Blueprint copies (up to 15 pages) \$2.00 ea. ☐ Fax					
☐ Blueprint delivery to Copy Run \$10.	00	☐ E-mail digital files to:			
Additional Fees:	d ! C!			b / · · · i	alu alima hamafita
 Labor and research time will be charged If a request requires an outside agency 				_	-
agency shall be charged, as well as any		-	•	<u>-</u>	the outside
	_	ON OFFICE U	SE ONLY y Clerk approval		
Cost of copies: \$ Cost of labor: \$			guest processed		
Other costs: \$		_ No	Notification Date:		
Total: \$		Receipt number:			
Comments:					
<u>CREDIT CARD INFORMATION</u> Che	ck one:	☐ VISA	☐ MAS	TERCARD	v.10/1/2017
Name on Card:					
Card Number:			Fs	piration Date:	
SIGNATURE ADDROVING CREDIT CARD CHARGES					