

City of Kirksville
REQUEST FOR COPY OF PUBLIC RECORDS:
Under Missouri Sunshine Law, Chapter 610

Please fill out the following form and return to the office of the City Clerk, 201 S. Franklin, Kirksville, MO 63501.

Date of Request: _____ Name of Requestor: _____

Records being requested: (Please be as specific as possible, including dates, addresses, and names.)

How many copies of each document? _____

I request that the records corresponding to my request be copied and sent to me at the following address: _____

PLEASE NOTE: Fees and charges for copying, duplicating, and researching public records as established by RSMo Section 610.026 apply. Copies are .10 cents each (8 ½ by 11 size).

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.)

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.)

Mailing Address City State Zip

(_____) _____
Phone Number Signature

***** For Office Use Only *****

Person Accepting Request: _____

Request Received by: Mail _____ Telephone _____ Fax _____ Walk-In _____

Copy Fee: \$ _____ Research Time Fee: \$ _____ Total Fee: \$ _____

Date Record Provided to Requestor: _____

Send Completed Original to the City Clerk for Filing