RECORDS REQUEST FORM

Angela Birk- City Clerk/Treasurer
Custodian of Records
clerk@jacksonmo.org
City of Jackson, 101 Court Street, Jackson, MO 63755
(573)243-3568 Fax: (573)204-8292

REQUEST FOR COPIES OF PUBLIC RECORDS - This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. *Access to public records shall be provided within three business days following a request - except if additional time is needed.*

Date of Request _____

Person Requesting: _____

Address: _____

_____

Telephone Number: _____

DOCUMENT REQUESTED:	**Length of Document**	**Number of Copies**	**Certified (Yes/No)**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested By: _____ **Date:** _____
Signature

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CHARGES:

Certification (@ $5 each) _____

Research Costs (per hour) _____

Duplication Costs (per hour) _____

Cost of Copies (@ $.10/page) _____

Cost to Duplicate Audio Tapes (Cost of tapes and Staff time) _____

TOTAL DUE: $ _____

AMOUNT PAID: _____

RECEIPT ISSUED: ___YES___NO

DATE MAILED: _____