PUBLIC RECORDS REQUEST FORM

REQUEST FOR RESEARCH & COPIES

CUSTODIAN OF RECORDS

305 S Elm, Dixon, MO 65459

No. 2026- _____
Admin Rcvd _____
Date _____
Time _____

Email: sunshinerequest@cityofdixonmo.org Phone 573.917.4501

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri

(Please **clearly** complete this form in its entirety where applicable in order to assist in processing your request in a timely manner.)

This request is per RSMo 610, the Missouri Sunshine Law. The request is to be responded to by the end of the third business day (excluding legal holidays and weekends) following the date the request is received by the Custodian of Records. A response constitutes either compliance of the records requested, a reason for delay or legal explanation as to why the records may not be available as requested. The response may require additional time or charges depending upon information sought within the request. Please complete the form as completely as possible to better assist you with your request.

Record(s) Requested By: _____
First Name Last Name

Address: _____
Street City State Zip

Email: _____ **Phone :(** ___**)** _____ **Fax :(** ___**)** _____

Description of Record(s) *(if available)*: ☐ **Documents** ☐ **Other** _____

Describe the records as specifically as possible. Please identify specific time periods if necessary. Attach additional sheets as needed.

_____

_____

_____

_____

_____

_____

Requestor's Signature: _____ **Date:** ____/____/_____ **Time:** _____

BILLING INFORMATION

Copies (letter/legal size) x $.10 page ($.20 double-sided) _____ **x (additional copies** ____**)** _____ **=** _____

Research: x $ _____ **per** _____ **hour(s) (x** _____ **of employees required)** _____**=** _____

Other: _____**=** _____

TOTAL COST(due prior to completion):= _____