

*Village of Claycomo*  
115 E US HWY 69  
CLAYCOMO MO 64119  
PH (816) 452-5539 FAX (816) 453-1852

CITY HALL ONLY	
RCVD: ____/____/____	BY ____
\$ _____	AMOUNT CK _____

**REQUEST FOR COPIES OF PUBLIC RECORDS**

THIS DOCUMENT SERVES AS YOUR REQUEST NOTICE PER MISSOURI SUNSHINE LAW.

DATE OF REQUEST: \_\_\_\_\_  
PERSON REQUESTING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**POLICE/FIRE DEPARTMENT:**

- \_\_\_\_ POLICE/FIRE REPORT (\$10.00)
- \_\_\_\_ CERTIFIED COPY (\$15.00)
- \_\_\_\_ POLICE/FIRE VIDEO (\$25.00)

NAME (S) ON REPORT: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_

**VILLAGE RECORD:**

- \_\_\_\_ NON-CERTIFIED COPY (\$0.10 PER PAGE)
  - \_\_\_\_ CERTIFIED COPY (\$5.00)
- RECORD REQUESTED \_\_\_\_\_

**COURT RECORD:**

- \_\_\_\_ NON-CERTIFIED COPY (\$0.10 PER PAGE)
- \_\_\_\_ CERTIFIED COPY (\$5.00)
- \_\_\_\_ ENTIRE FILE COPY (\$15.00)

ADDED INFORMATION \_\_\_\_\_

PAYMENT FOR REQUESTED DOCUMENTS REQUIRED AT THE TIME OF THE REQUEST.  
REQUESTS WILL NOT BE PROCESSED UNTIL WE RECEIVE PAYMENT IN FULL.

**PLEASE ALLOW UP TO THIRTY (30) DAYS FOR YOUR REQUEST TO BE PROCESSED. CITY HALL WILL NOTIFY YOU WHEN YOUR REQUEST IS AVAILABLE.**

**OPTIONS:** \_\_\_\_\_ PICKUP (Signature Required at Time of Pickup)  
Signature Below Required to Approve Other Delivery Method  
\_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ MAIL (SASE Required)

\_\_\_\_\_  
**SIGNATURE (PERSON REQUESTING)** \_\_\_\_\_  
**DATE**