



Sunshine Request Form

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

RECORDS REQUEST FORM			
<i>If portions of the requested records are closed, our office will segregate the closed portions and provide you with the rest of the records.</i>			
REQUESTOR INFORMATION:			
Request Date:		Phone Number:	
Name:			
Company:			
Street Address:			
City:		State:	Zip:
Email:		Fax Number:	
INFORMATION REQUESTED:			
Describe in detail the information you are requesting. Be as specific as possible:			
Please check one: Paper Copy Digital Copy Other _____			
I understand fees may be required for additional research cost, copies, media, or other as needed (to be disclosed). You have authorization to proceed unless fees exceed the amount to follow and I therefore request you to contact me prior to completing this request. \$ _____			
Requestor's Signature:			

Office Only

Date & Time Received: _____

Received by: _____