



105 E. Center Street  
 Sikeston, MO 63801  
 573-471-2512  
 www.Sikeston.org

## REQUEST FOR RECORDS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Description of Records Requested** - Be Specific (Type of document, dates, names, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FEES

<b>Search/Retrieval/Research (Labor)</b>	Actual cost of time
<b>Copying of Documents</b>	8 1/2 x 11 or 9x14...\$.10 per side of paper 11x17...\$.20 per side of paper
	Blueprints/Plats/Maps (up to 15 pages)... \$2 each
	Thumb Drive...cost of device
<b>Mailed via USPS</b>	Cost of postage will be applied
<b>Copies Made Elsewhere</b>	Actual charges imposed for making the copies (including taxes) as well as the fee for search/retrieval

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#### CITY OF SIKESTON OFFICE USE ONLY

Cost of Copies: _____	\$ _____	Date Request Received _____
Cost of Labor: _____	\$ _____	Request Processed By: _____
Other Costs: _____	\$ _____	Date Responded to Request: _____
Total Costs: _____	\$ _____	City Clerk Approval: _____
Date Paid: _____		

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