



**RECORDS REQUEST FORM**

**Email** - The completed application can be emailed to [Kathryn.Bowman@wentzvillemo.gov](mailto:Kathryn.Bowman@wentzvillemo.gov)

**Or can be mailed/dropped off at:**

**City Hall** – 1001 Schroeder Creek Blvd. Wentzville, MO 63385 (636) 327-5101

Date of Request: \_\_\_\_\_

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. I request that you make available to me the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Describe the records as specifically as possible. Are you requesting records that cover only a particular period, such as last year or a specific month, identify that time period.)

**If you want and are willing to pay for copies or records, rather than just reviewing:**

*Paper Documents:* 10 cents per copy, plus sales tax.

*Electronic:* Cost of jump drive, plus sales tax.

*E-mail:* See search fees.

*Search Fees:* The City may charge a reasonable fee for the time necessary to search for and copy public records. Research time may be charged at the actual cost incurred to locate the requested records. Copying time shall not exceed the average hourly rate of pay for clerical staff of the public body. These fees are in addition to copy fees and supply fees. (RSMo. 610.010, 610.023, 610.024, 610.026)

I request that the records responsive to my request be copied and sent to me at the following address:

\_\_\_\_\_

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived:

I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to:

\_\_\_\_\_

(Tell how you will use the information and why that uses in the public interest.)

Please let me know in advance of any search or copying if the fees will exceed \$\_\_\_\_\_

(Insert the amount you are willing to pay without additional information about the documents.)

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

\_\_\_\_\_

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

Company Name (if applicable): \_\_\_\_\_

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

Email address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

Date Request Received: _____	Person Accepting Request: _____
Request Received:    Mail _____                      Fax _____                      Walk-In _____                      Email _____	
Fees:    No Charge \$ _____                      Cost to Provide Copy \$ _____                      Fee Receipt #: _____	
Date Record Provided: _____	
Place, time and date record available for inspection: _____	
Explanation for cause of delay, if applicable: _____	
_____	
If request is denied, date request forwarded to City clerk for denial: _____	
Date written statement by City Clerk explaining denial provided: _____	
Copy to be attached to the request form.	Original filed in the City Clerk's Office.