

## Request for Copy of Public Records

Under Missouri Sunshine Law, Chapter 610

Name:	Phone:
Address:	
(Street Address or PO Box, City, State, Zip)	
Requestor's Signature:	Date:
Request is for:	Accident Report  Other
I will: Pick up the record at the Sheriff's Office	Request record to be mailed to the above address
Notes that may assist us with request:	
	FEES
<ul> <li>\$5.00 per record—up to 20 pages</li> <li>Any record over 20 pages will be \$5.00 plus 10 cents per page over the original 20 pages</li> <li>Copies that must be made elsewhere—the actual charges imposed for making the copies, as well as the fee provided above for search, retrieval, accompanying, and returning to storage.</li> <li>Fee for actual cost of media used</li> <li>Only black and white copies will be provided</li> <li>Delivery of copies—actual costs incurred for postage, messenger service, etc.</li> </ul> Please noteas a general rule, the Records Coordinate compilations. Any search request that will require more declined without an advance deposit for the estimated ti	than 30 minutes of the Records Coordinator's time may be
officer, or other person; or jeopardize a criminal investig source wishing to remain confidential, a suspect not in a (RSMo. 610.100.3). A person's social security number	present danger to the safety of any victim, witness, undercover ation, including records which would disclose the identity of a custody and information of persons 17 years old will be blacked ouwill not be released (RSMo. 610.035). The County carries the urt justifying the non-disclosure of partial or complete records.
Age	ency Use Only
Person Accepting Request:	Date:
Request Received By:	] Walk-In
Copy Fee:Research Time Fee:	Media Fee: Postage Expense:
Total Fees: Date Record Provided To Rec	uestor or Negative Response Given To Requestor:
	ound with info provided

Employee Making Contact With Requestor: