



CITY OF ADRIAN

16 East 5th Street, PO Box 246, Adrian, MO 64720-0246

Phone: 816-297-2659 Fax: 816-297-2888

Missouri Sunshine Law Request for Public Records

Date of request: _____

Public record requested (be specific): _____

Name of person making request: _____

Address: _____

Email: _____ Phone: _____

Preferred format:

Paper Copies Electronic Copies (PDF) Inspection Only (viewing records on site)

Request can be submitted via

Fax: 816-297-2888

Email: cityhall@cityofadrianmo.org Attn: City Clerk

Mail: PO Box 246, Adrian, MO 64720

In person: City Hall 16 East 5th Street

Office hours: Monday thru Friday 8:00 a.m. - 4:30 p.m.

As established by RSMo Section 610.026, the City is authorized to charge for the research, retrieval, redaction, and other administrative costs, including \$.10 per standard page, for larger copies fees increase, and staff time to complete the request. You will be notified in advance if your request will generate an invoice, which will be payable before proceeding with the request.

Signature of person making request: _____

FOR OFFICE USE ONLY

Date & time received: _____ Received by: _____

Copies made: _____ = \$ _____ Completed: _____

Research: _____ = \$ _____

Other costs: _____ = \$ _____ Fees paid: \$ _____

Total Charge: \$ _____

Custodian of Records: _____
(signature/date)