



# **CITY OF ADRIAN**

16 East 5<sup>th</sup> 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 5<sup>th</sup> 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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
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Date & time received: \_\_\_\_\_

Received by: \_\_\_\_\_

Copies made: \_\_\_\_\_ = \$ \_\_\_\_\_

Completed: \_\_\_\_\_

Research: \_\_\_\_\_ = \$ \_\_\_\_\_

Other costs: \_\_\_\_\_ = \$ \_\_\_\_\_

Fees paid: \$ \_\_\_\_\_

Total Charge: \$ \_\_\_\_\_

Custodian of Records: \_\_\_\_\_

(signature/date)