



**CITY CLERK'S OFFICE**

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**PUBLIC RECORDS REQUEST FORM**

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

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

\_\_\_\_\_  
Name (Person requesting records)

\_\_\_\_\_  
Address (Send to this address)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**RECORDS DESCRIPTION** (Please be as specific as possible):

Subject/Title	Date	Type of Record

*The Missouri Sunshine Law authorizes public agencies to charge fees for providing access to or furnishing copies of public records. This fee may be requested in advance and may include the cost of staff time required to make the information available as well as the cost of copying or reproducing the records.*

**PLEASE LET ME KNOW IN ADVANCE OF ANY SEARCH OR COPYING FEES.**

YES     NO    \$ \_\_\_\_\_ (Do not exceed this amount)

(for City use only)	
Received by: _____	Date _____ Completed: _____
Assigned to: _____	Time Spent _____
Additional Information: _____	
Cost: _____	Date Mailed/Delivered/Picked Up _____