

PLEASE COMPLETE THIS FORM AND SEND IT TO:

ATTN: City Clerk, P.O. Box 196, 2016 Grothe Road, Flint Hill, Missouri 63346
or
twiebe@cityofflinthill.net

This is a request for records under Missouri's Open Meetings Act ("Sunshine Law"), § 610.010 to § 610.200, RSMo.

I request the following records: _____

(Please describe the records or category of records with as much detail as possible to assist in responding to your request. Please include a period of time for the records requested, such as a specific month or meeting).

You will be advised as to a date when the records requested are available for your review. You may not copy or take the records made available for review but you may, during your review, identify documents for copying.

For all requests, please be advised that the City charges as a fee the time of City staff (the applicable hourly rate of the lowest-rate staff) in responding to the request to defray the costs of searching for the identified records ("Research Time") and for duplication of the records.

If you believe the request is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the City and it is not primarily in the commercial interest of the requester, you may request the City's Board of Alderman waiver or reduce the fee.

In lieu off a review of the records, you may request the records be copied and made available to you or sent in electronic form. If you request copies of the records, please bear in mind the following copying costs:

Paper copies: \$0.10 per page, for pages not exceeding 9" by 14; larger sized documents will be copied at an outside copying service and charged at cost.

Electronic: The cost of the media used will be charged (USB drive)

E-mail: No copying costs.

- I request the records be copied and agree to the copying costs.**
- I request review of the records at a date and time set by the City Clerk.**

Please complete: _____
Print your Name

Street Address City State ZIP

() _____
Phone number e-mail address

Signature DATE

For Office Use Only				
Date Request Received:				
Request received by	<input type="checkbox"/> Mail <input type="checkbox"/> e-mail <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in	<input type="checkbox"/> Other		
Fees:	No Charge <input type="checkbox"/>	Research: \$ # Hours:	Payment received <input type="checkbox"/> \$	Date payment received:
Response:	Initial Response Date: / /	Date of Completion of Request: / /	Date of Inspection: / /	Date of Transmittal of Copies: / /