



City of Farmington Public Records Request

The completed form should be directed to:
Office of the City Clerk, 110 West Columbia Street, Farmington, MO 63640
Phone: (573) 756-1701 **Fax:** (573) 756-0611 **Email:** cmoore@farmington-mo.gov

First and Last Name: _____ Phone #: _____

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

I request that you make available to me the following records (Describe the records as specifically as possible. Where you are asking for records that cover only a particular period, such as last year or a specific month, identify that time period.)

- Printed copies are \$ 0.10 per page (9" x 14" or smaller).
- \$25.74 per hour for duplicating time.
- Actual cost of research time may also be charged.

Please let me know in advance of any search/copying if the fees will exceed \$_____.

I request that the records responsive to my request be:

- Emailed to me at: _____
- Mailed to me at: _____
- Please call when the records responsive to my request are available and I will pick them up.

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived.

I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to:

Signature: _____ Date: _____



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FOR OFFICE USE ONLY

Explanation of cause for delay, if applicable:

Additional notes:

If request is denied, attach a written statement by City Clerk explaining denial.

TO BE COMPLETED BY CUSTODIAN OF RECORDS:

Copies (# pages _____)	\$ _____	Completed Date/Time: _____
Duplication Time (# hours _____)	\$ _____	Fees Paid: _____
Research Time (# hours _____)	\$ _____	Custodian of Records Signature:
Other Charges	\$ _____	_____
Total Charge	\$ _____	