

CITY OF MARYVILLE, MISSOURI
Record Request Form



Request made to:

Sheila Smail
415 North Market Street
P.O. Box 438
Maryville, MO 64468

Date Submitted: _____

THIS IS A REQUEST FOR RECORDS UNDER THE MISSOURI SUNSHINE LAW,
CHAPTER 610, REVISED STATUTES OF MISSOURI

I _____ request that the following records be made available to me.
(describe the record's content and date(s) as specifically as possible)

According to Section 610.026.1(1) of the Missouri State Statutes, a fee of \$.10 per page shall be charged for copies made. In addition, a charge for time spent duplicating shall not exceed the average hourly rate of pay for clerical staff. The time spent researching shall not exceed the actual cost of research time.

_____ Please notify me in advance of any search or copying if the fees will exceed \$_____.

Name: _____

Address: _____

Phone No: _____

-Office Use Only-

Received Notice of Request _____

City Sent Records Request Form _____

City Received Completed Form _____

City Notified of Cost _____

City Received Payment _____

Method of Payment _____

Materials Sent/Available _____