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

CITY OF OSAGE BEACH
CITY CLERK
1000 CITY PARKWAY
OSAGE BEACH, MO 65065
573-302-2000 PH 573-302-2039 FAX
tberreth@osagebeach.org

I request that you make available to me the following records: (When asking for records please describe as specifically as possible. Include a particular period of time, or a specific month, date, or year.)

_____

_____

_____

I request that you make available to me all records relating to: (If you know the subject matter of the records you are requesting, but do not have additional information, use this alternative. Be as specific as possible and include dates).

_____

_____

_____

If portions of the request are closed, please segregate, and provide me with the remaining records.

_____ Yes, I am willing to pay all fees associated with the records I have requested.

_____ Yes, I am willing to pay a limited amount, not to exceed $_____ for copies of the records I have requested.

_____ No, I do not want to purchase copies. I only wish to review your records.

_____ No, I do not want to purchase copies, I ask that the City waive all fees associated with my request for records. (Please explain why the City should waive any or all of the fees).

Name:_____

Address: _____ City:_____ State:_____Zip:_____

Phone Number: _____ Email: _____

Office Use Only: Received: _____ Completed: _____

Amount Due: _____ Paid:_____ Cash:_____ Check: _____ CC:_____

Office:_____Paper:_____Emailed:_____Mailed:_____Drop Box:_____ Thumb Drive:_____