

RECORDS REQUEST

In accordance with the Open Records Law (RSMo, 610.010 - 610.030) I hereby request the following records or information and acknowledge Section 1-10 of the Municipal Code of the City of Eureka that requires reimbursement of expenses incurred in connection with such records request:

Specifically detail items(s) or information requested

Requested this _____ day of _____, 20 ____.

Signature

Name Printed

Address

City, State, Zip Code

Telephone

------(Office Use Only)-----

Request received: _____
Date Time

Request received by: _____

Information available: (YES) (NO)

If no (reason): _____

If yes: _____
Date information provided

Fees (may be required in advance):

Photocopies: _____ @ _____ per copy = _____

Research time: _____ @ _____ per hour = _____

Preparation time: _____ @ _____ per hour = _____

TOTAL: _____

The City will produce the requested records within three (3) business days or will make contact to advise as to why such are not available within this time frame and when they will be available.