



Records Request Form

In accordance with the State of Missouri Open Records Law (RSMo, 610.010 - 610.030) I hereby request the following record(s) 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. Please note there may be a deposit required prior to the City conducting research and producing records. All requests must be directed to the attention of the City Clerk.

Please type or print:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I understand that I may be responsible for the actual costs (photocopies, research and preparation time, etc.) associated with providing this information.

Signature

Date

The City will produce the requested records within three (3) business days or will advise as to why such are not available within this time frame and when they will be available. Please note that Record Request Forms are public documents.

Description of Record(s) Requested (must be described specifically):

Submit requests to: Julie Wood, City Clerk, 100 City Hall, P.O. Box 125, Eureka, MO 63025
Email: jwood@eureka.mo.us Fax: (636) 938-4080

FOR OFFICE USE ONLY:

Date Received: _____

City Response to Record(s) Requested

Released on: _____ Records Unavailable Denied on (attach explanation) : _____

Fee Charged (if applicable): _____