



CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

REQUEST FOR PUBLIC RECORDS

1. CONTACT INFORMATION

Name: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

2. REQUESTED INFORMATION

I request that you make available to me the following records:

Applicant shall describe 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.

If you know the subject matter of the records, but do not have additional information, use this alternative: **I request that you make available to me all records that relate to:**

Applicant shall be as specific as possible; include dates if you can.

If you want and are willing to pay for copies of the records, rather than just being able to see them: **I request that the records responsive to my request be copied and sent to me at the following address:** _____

3. NOTIFICATION

When the estimate and/or records are ready, please notify me by:

☐ Phone ☐ E-mail ☐ Fax

4. FEES

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

Applicant tell how you will use the information and why that use is in the public interest.

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

Applicant insert amount you are willing to pay without additional information about the documents. If you wish to know of any fees prior to reproduction, you may enter \$0.

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

5. PAYMENT

The City is authorized to charge for the research, retrieval, redaction and other administrative costs of complying with your request, including copying charges of \$0.10 per standard page and staff time to complete the request, per Chapter 610 of the Revised Statutes of Missouri. You will be notified in advance if there will be a cost associated with your request. The estimate will be due before the request is filled.

Signature: _____

Date: _____

FOR CITY USE ONLY

Date Received: _____

By: _____

Estimate (57.002): \$ _____

Date Paid: _____

Actual Cost: \$ _____

Over/Under: \$ _____

Payment: ☐ Check ☐ M.O. ☐ Cash ☐ Credit Card _____ Invoice No.: _____

Response Delivery Method: ☐ Email ☐ Print ☐ Flash Drive