



Records Request Form

Email - The completed application can be emailed to tonyah@cityoftroymissouri.com

Or can be mailed/dropped off at:

City Hall - 800 Cap Au Gris, Troy, MO 63379 (636) 528-4712

◆—————◆
Date of Request: _____

This is a request for a record under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. I request that you make available to me the following records:

(Describe the records as specifically as possible. Are you requesting records that cover only particular period, such as last year or a specific month, identify that time period.)

If you want and are willing to pay for copies or records, rather than just reviewing:

Paper Documents: \$.10 cents per copy, plus sales tax

Email: See search fees

Search Fee: The City may charge a reasonable fee for the time necessary to search for and copy public records. Research time may be charged at the actual cost incurred to locate the requested records. Copying time shall not exceed the average hourly rate of pay for clerical staff of the public body. These fees are in addition to copy fees and supply fees. (RSMo.610.010, 610.023, 610.024, 610.026)

I request that the records responsive to my request be copied and send to me at the following address:

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask the he fees be waived:

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

Please let me know in advance of any search or copying if the fees will exceed \$ _____ (Insert the amount you are willing to pay without additional information about the documents)

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

Requestor Name: _____

Company Name (if applicable): _____

Address: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Requestor Signature

Date

◆—————◆
For Office Use Only

Date Request Received: _____ Person Accepting Request: _____

Request Received: Mail _____ Telephone: _____ Fax: _____ Walk-In: _____

Fees: No Charge \$ _____ Cost to Provide Copy \$ _____ Fee Receipt #: _____

Date Record Provided: _____

Place, Time & Date record available for inspection: _____

Explanation or cause of delay, if applicable: _____

If request was denied, date request forwarded to City Clerk for denial: _____

Date written statement by City Clerk explaining denial provided: _____

Copy to be attached tot he request form. Original filed in the City Clerk's Office.