



MISSOURI SUNSHINE LAW (FOIA) RECORDS REQUEST

TO: Custodian of Records
City of Ballwin
1 Government Ctr
Ballwin, MO 63011

FROM: Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____
E-mail Address: _____

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

START DATE: _____ **SUBJECT:** _____
END DATE: _____

Check (✓) the boxes that apply to your request:

PAPER COPIES – PREPAYMENT REQUIRED: I request that the records requested be copied and sent to me at the above address (you will be notified of the total cost for payment)

*Pursuant to Section 610.016 RSMo., fees for copying public records, except those records restricted under Section 31.091 RSMo. shall not exceed 10¢ per page for a paper copy not larger than 9 x 14 inches, with the hourly fee for duplicating time not to exceed the average hourly rate of pay for clerical staff of the City of Ballwin. Research time required for fulfilling records requests will be charged at the actual cost of research time. **Duplicating time and research time will be charged by the City of Ballwin at the rate of \$25.23 per hour.***

MAXIMUM PAYMENT: If search and copying fees will exceed \$ _____, please notify me before proceeding with the copying process. (Insert the amount you are willing to pay without more information about the documents.)

VIEW DOCUMENTS: I want to view the documents instead of receiving paper copies.

PUBLIC INTEREST: I believe this request serves the public interest and is not for personal or commercial interest; therefore, I request that all fees for locating and copying the records be waived.

State how this information will be used and why that use is in the public interest:

CLOSED PORTIONS OF RECORDS: If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Signature

Date

OFFICE USE ONLY

SLR # _____

REQUEST FULFILLED BY:

Name: _____

Department: _____

Date: _____