

## PUBLIC RECORDS REQUEST FORM

City of Oak Grove  
City Clerk's Office  
2110 S. Broadway  
Oak Grove, MO 64075

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

**1. I request that you make available to me the following public records.**

*(Describe the records as specifically as possible. Where you are asking for records that cover only a particular period, such as last year or specific month, identify that time period.)*

**-OR-**

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:

*(Be as specific as possible; include dates if you can)*

**2. I want copies of the above records and will pay for them, rather than just view.**

YES  NO

Please send copies to me at the following address:

*(Please indicate email address if you desire electronic copy instead of paper copy.)*

**3. My request serves the public interest and is not just for personal or commercial interest.**

YES  NO

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 explain how and why this information will benefit the public interest.)*

**4. Please let me know in advance of any search or copying fees.**

YES  NO \$\_\_\_\_\_ *(Do not exceed this amount)*

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

YES  NO

**6. Special Instructions or Additional Comments.**

\_\_\_\_\_  
Name (Person requesting records)

\_\_\_\_\_  
Address (Send to this address)

\_\_\_\_\_  
Phone Number or E-Mail Address

\_\_\_\_\_  
Date & Time of Request