

OFFICE OF THE CITY CLERK – BRANSON, MISSOURI

110 W. Maddux Ste. 205 Branson, Missouri 65616

417-334-3345 Ext. 324, Fax 417-335-4354

Request for Records per Chapter 610 RSMo

REQUEST FROM: _____

(Print Name)

ADDRESS: _____

(Street)

(City)

(State)

(Zip)

PHONE: _____ DATE: _____

DESCRIPTION OF RECORDS REQUESTED: PLEASE BE SPECIFIC (addresses, dates, any information to help in the search). Per State Statute 610.023, please allow three full working days following the receipt date of the request for processing.

Cost List -

*\$.10 8 1/2 x 11 or 9 x 14 per page per side

*\$.20 11 x 17 per page per side

*CD's \$.50

*Tapes \$3.50

*Postage \$.39 or per weight

*Faxed information (up to 15 pages) \$1.50

*\$1.50 blueprints (in house up to 15 copies, all others will be copied by an outside agency and charged their fee)

*Archivist and research time of staff will be charged in 6 minute intervals based on employee's wages.

**PLEASE READ CAREFULLY
THIS FORM MUST BE SIGNED PRIOR TO PROCESSING OF REQUEST.**

**Please notify me in advance of any search or copying fees, if these fees will exceed \$ _____
(if the cost is left blank or is \$0.00 then the request will not be filled and is void.)**

Note: a deposit will be required for any estimate of costs exceeding \$20.00.

APPROVAL OF REQUEST EXPENSES: _____

Signature

METHOD OF PAYMENT: Please circle one – MASTERCARD / VISA

Card Number _____ Expiration Date _____

I agree to pay the amount according to card issuer agreement (Merchant agreement if Credit voucher).

APPROVAL OF CREDIT CARD CHARGES: _____

Signature

CITY OF BRANSON OFFICE USE ONLY

Cost of Copies: _____ \$ _____

Cost for Time: _____ \$ _____

Other Costs _____ \$ _____

Total Cost for Information: \$ _____ **Receipt #** _____

Person Handling Request: _____

City Clerk Approval: _____ **Date of Notification to Pick Up:** _____

(If the record is closed, attach statement for the denial of access.)

01/01/07