

OFFICE OF THE CITY CLERK – BRANSON, MISSOURI

110 W. Maddux St., Suite 205, Branson, MO 65616

417-334-3345 ext. 3240 • Fax 417-335-4354

Request for Records per Missouri Sunshine Law, Chapter 610 RSMo

Your Name: _____
(Print name)

Your Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ Date: _____

DESCRIPTION OF RECORDS REQUESTED - BE AS SPECIFIC AS POSSIBLE. INCLUDE TYPES OF DOCUMENTS (e.g. BLUEPRINTS, PERMITS), 911 ADDRESSES, DATES, ETC.

APPROVAL REQUIRED – PLEASE READ CAREFULLY, SPECIFY A FEE LIMIT, AND SIGN.

If the estimated cost of services exceeds \$20, we may ask for a Credit Card number or require a cash deposit of 75% of the estimated cost before any work is carried out. You may provide a Credit Card number in advance at the bottom of this form. Per State Statute 610.023, please allow three full working days following the receipt date of the request for processing. Materials requested for review only will be returned to their respective locations if no action is taken within 30 days.

Notify me in advance if the cost of research or copying fees will exceed \$ _____

APPROVAL OF REQUEST EXPENSES: _____
(Request will not be processed without signature.)

COST LIST: (PLEASE INDICATE WHICH FORMAT YOU WOULD LIKE TO RECEIVE YOUR REQUESTED RECORDS.)

- \$.10 8 ½ x 11 or 9 x 14 per page per side
- \$.20 11 x 17 per page per side
- \$.50..... CD (media only)
- \$1.50..... Scans emailed email address: _____
- \$1.50..... Faxed information (up to 15 pages)
- \$1.50 ea.... Blueprints (up to 15 pages) (More than 15 pages will be copied by an outside agency at their rates.)
- \$10.00..... Transport blueprints to copy shop
*Labor and research time will be charged in 6 minute increments based on staff member’s wage.
*Postage is additional

CITY OF BRANSON OFFICE USE ONLY

Cost of copies : _____ \$ _____	City Clerk approval : _____
Cost of labor : _____ \$ _____	Request processed by: _____
Other costs : _____ \$ _____	Called for pick-up : _____ / _____ / _____
Total : \$ _____	Receipt number : _____

CREDIT CARD INFORMATION: Circle one: MASTERCARD / VISA

Card Number: _____ Expiration Date: _____ / _____

SIGNATURE APPROVING CREDIT CARD CHARGES: _____
I agree to pay the amount according to card issuer agreement (Merchant Agreement if credit voucher).