



PUBLIC RECORDS REQUEST FORM

REQUEST FOR RESEARCH & COPIES

502 Main Street
| Post Office Box 665 Pineville, Missouri 64856
Email: mcdonald.county@sos.mo.gov
Phone: (417) 223-7530

Admin Rcvd _____

Date _____

Time _____

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

(Please **clearly** complete this form in its entirety where applicable in order to assist in processing your request in a timely manner.)

This request is per RSMo 610, the Missouri Sunshine Law. The request is to be responded to by the end of the third business day (excluding legal holidays and weekends) following the date the request is received by the McDonald County Clerk's Office. A response constitutes either compliance of the records requested, a reason for delay or legal explanation as to why the records may not be available as requested. The response may require additional time or charges depending upon information sought within the request.

Pursuant to 115.158 RSMo; lists subject to Chapter 610, shall not be used for commercial purposes. Violation of this section shall be a class B misdemeanor carrying a penalty up to six months in jail and/or a fine not to exceed \$1,000.00

Record(s) Requested By: _____
First Name Last Name

Address: _____
Street City State Zip

Email: _____ **Phone :** (____) _____ **Fax :** (____) _____

Description of Record(s) (if available): ☐ Documents ☐ Maps ☐ Voter Lists ☐ Other _____

Preferred Distribution: ☐ Email ☐ Flash Drive ☐ CD ☐ Paper

Describe the records as specifically as possible. Please identify specific time periods if necessary. Attach additional sheets as needed.

- ☐ I understand fees may be required for additional research cost, copies, media, or other as needed (to be disclosed).
You have authorization to proceed unless fees exceed the amount to follow, and I therefore request you to contact me. \$ _____
- ☐ I request the fees be waived to serve the public's interest. Please state how and why the info will be used in the public interest: _____

BILLING INFORMATION

MAPS & COPIES	ITEM	DISTRICT/ELECTION	NO STREETS	UNIT PRICE/QTY	COST
	McDonald County Map		☐	\$50.00 X	\$ 0.00
	Copies of Invoices		☐	\$20.00 X	\$ 0.00
	Bid Submissions		☐	\$20.00 X	\$ 0.00
	Minutes not found on website		☐	\$10.00 X	\$ 0.00
	Sales Tax Distributions		☐	\$5.00 X	\$ 0.00
	OpenBook- General Ledger		☐	\$30.00 X	\$ 0.00
	Copies - per page		☐	\$0.30 X	\$ 0.00
	Other - Specify		☐	\$ X	\$ 0.00
				Admin Fee:	\$15.00 \$ 0.00
M & L ACCOUNT TOTAL					\$ 0.00
MCVR VOTER LISTS	Registered Voters ☐ * PSR			0.0001 X	\$ 0.00
				Admin Fee:	\$10.00 \$
	New Registered Voters ☐ * PSR			0.0001 X	\$ 0.00
				Admin Fee:	\$10.00 \$
	Voter History ☐ * PSR			0.0001 X	\$ 0.00
				Admin Fee:	\$10.00 \$
	Voter List (hard copy) ☐ * PSR			0.20 X per page	\$ 0.00
				Admin Fee:	\$10.00 \$
PROGRAM INCOME (GRANT ACCT) TOTAL					\$ 0.00
SUBTOTAL					\$ 0.00

GIVEN TO REQUESTOR BY

Signature: _____ Date: ____/____/____ Time: _____

\$ COMBINED TOTAL \$ _____
CREDIT/CASH/CHECK # _____
RECEIPT BOOK # _____

Requestor's Signature: _____ **Date:** _____ **Time:** _____