



Records Request Form

Date Request Received _____

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

I understand that for copies 8.5x11 or smaller the fee is \$0.10/per page. NOTE: Depending on the size and the nature of my request for records I may be charged for research time in accordance with RSMO 610.026.1 and in addition for formats other than paper I may be charged for the cost of material used for duplication.

Signature of Requestor

REQUESTED BY:

(Name)

(Address)

(Phone)

(E-Mail Address)

_____ I request that you make available to me the following 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 a specific month, identify that time period.

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 specific as possible; dates if you can)

If you want and are willing to pay for copies of the records, rather than just being able to see them:

_____ I request that the records responsive to my request be copies and sent to at the following address: _____

**City of Hannibal 320 Broadway, Hannibal, MO 63401
P 573.221.0111 F 573.221.8191**

www.hannibal-mo.gov

**Requests can be submitted to the City Clerks Office
or by email to mcogdal@hannibal-mo.gov**

