

City of Ellisville

Completed form should be directed to:
City of Ellisville, Records
1 Weis Avenue, Ellisville, MO 63011
Fax (636) 227-9486 • Phone (636) 227-9660

Request for Public Records

Please make available to me the following records. If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

(Be as specific as possible and include time periods, if applicable. Vague or overly broad requests may delay a response or result in unnecessary expense to you.)

I understand that there may be charges for the City's response to this request and that payment of such fees is required prior to receiving these records. (Please mark your chosen option(s).)

- I would like only to view the City's copies. I understand that I will need to do this in the City's offices, but that doing so may reduce or eliminate the expenses I may incur.
- I would like to receive copies of the requested records.
 - I will pick up these copies at the City's offices.
 - Please mail these copies to me.
- I would like a written estimate of fees prior to the production of my requested record copies.
- I do not need a complete estimate, but please let me know in advance of any search or copying, if fees will exceed \$ _____.
- I believe this request serves the public interest, and is not just for personal or commercial interest. I ask that all fees for locating and copying the records be waived. I will use the information from this request to _____.

(If you are not asking that the fee be waived, you do not need to tell how the information will be used.)

Requestor's Printed Name _____ Requestor's Signature _____ Date _____

Address (Include City, State and Zip Code) _____ Phone Number _____

Email Address

**Under Missouri Law public records are to be provided by the end of the third business day following the date the City Clerk receives the request. The law allows this time to be extended if there is a reasonable cause for delay. If a delay occurs, you will be notified of the reason and when the records will be made available. (RSMO 610.023.3)*

TO BE COMPLETED BY THE STAFF:

Fees:

Copies (# Pages _____) \$ _____

Research/Duplication Time \$ _____

Other Charges \$ _____

Total Charge \$ _____

Status:

Date/Time Completed: _____

Date/Time Fees Paid: _____

Staff Signature