



**City of Wentzville, Missouri
Records Request Form**

Submit to: Vitula Skillman, City Clerk (Custodian of Records for the City of Wentzville)
310 W Pearce Blvd, Wentzville, MO 63385
Vitula.Skillman@wentzvillemo.org

Date of Request: _____

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. I request that you make available to me the following records: _____

(Describe the records as specifically as possible. Are you requesting records that cover only a particular period, such as last year or a specific month, identify that time period.)

If you want and are willing to pay for copies or records, rather than just reviewing:

Paper Documents: \$.10 cents per copy, plus sales tax

Electronic: Cost of floppy disk or CD ROM, plus sales tax

E-mail: See search fees

Search Fees: The City may charge a reasonable fee for the time necessary to search for and copy public records. Research time may be charged at the actual cost incurred to locate the requested records. Copying time shall not exceed the average hourly rate of pay for clerical staff of the public body. These fees are in addition to copy fees and supply fees. (RSMo. 610.010, 610.023, 610.024, 610.026)

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

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived:

I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to _____

(Tell how you will use the information and why that uses in the public interest.)

Please let me know in advance of any search or copying if the fees will exceed \$_____

(Insert the amount you are willing to pay without additional information about the documents.)

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Mailing Address City State Zip

(_____) _____
Phone Number E-mail Address

First Name Last Name Signature

Original filed with the City Clerk

Revised: 06/08/11