



OPEN RECORDS/SUNSHINE REQUEST FORM

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

Requestor's Information

Requestor's Name:

Company Name (if applicable):

Mailing Address:

Phone:

Fax:

Email:

Billing Information

Check here if same as above

Company Name (if applicable):

Billing Address:

Phone:

Email:

Information Requested

Describe the records as specifically as possible. If you are asking for records that cover only a particular period, such as last year or a specific month, identify that time period. Attach additional sheets if necessary.

I request that you make available to me the following records:

If you know the subject matter of the records, but do not have additional information, use this alternative (be as specific as possible; include dates if you can).

I request that you make available to me all records that relate to:

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 use is in the public interest):

Closed Records

All records retained by the Commission, whether created internally or obtained from any source whatsoever, are closed to the extent allowed by law. If portions of the requested records are closed, the closed portions will be segregated and you will be provided with the rest of the records.

Preferences

- I would prefer to come and view any responsive documents, rather than receiving copies.
- I would like to receive copies of any responsive document and I agree to pay such costs and fees as described below that are incurred in responding to my request. Any applicable charges must be paid by requestor prior to the release of any documents.
- *An hourly rate of \$15 per hour for clerical staff to make copies.*
 - *Research time required to fulfill the request may be charged at the actual cost of research time. This is the time used to search the records and review the records for responsiveness and exemption.*
 - *Standard charges for reproduced material at \$0.10 per copy if the page is no larger than 8 ½ x 14 inches.*
 - *Actual shipping or delivery costs*
- Please let me know in advance of any search or copying fees if the fees will exceed \$ _____.
(Insert the amount you are willing to pay without additional information about the documents.)

Preferred Delivery Method *Recipient will be billed for mailing costs.*

Regular Mail Pick-Up Email

Submit this form

By Mail to:

Peggy King
Custodian of Record
MPUA
1808 I-70 Dr., SW
Columbia, MO 65203

FAX: 573-445-0680

Email to: OpenRecords@mpua.org

Questions

Please call MPUA at 573-445-3279

Signature

Signature of Requestor

Date _____