



**REQUEST FOR RECORDS**  
**MISSOURI SUNSHINE LAW CHAPTER 610 RSMo**  
**OFFICE OF THE CITY CLERK – BRANSON, MISSOURI**  
 110 W. Maddux St., Suite 205, Branson, MO 65616  
 Tel. 417-337-8522 ext. 3240 • Fax. 417-335-4354

Your Name: \_\_\_\_\_  
 ( Please print all information clearly.)

Your Address: \_\_\_\_\_  
 ( Street ) ( City ) ( State ) ( Zip )

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**DESCRIPTION OF RECORDS REQUESTED** – BE SPECIFIC. Include types of documents, names, 911 addresses, dates, etc. Attach a continuation sheet or write on the back if your description is too long to fit here.

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**PLEASE INDICATE THE DELIVERY METHOD FOR YOUR RECORD COPIES:**

- E-MAIL digital files to my Contact Email address  
 FAX ... Fax #: \_\_\_\_\_  
 PICK UP records at City Clerk’s office  
 MAIL via USPS ... cost of postage will be applied

**FEES:**

- 8 ½ x 11 or 9 x 14 sheets ..... \$.10 per page per side
- 11 x 17 sheets ..... \$.20 per page per side
- Blueprint copies (up to 15 pages) ..... \$2.00 each
- Blueprint delivery to outside copy service... \$10.00
- CD ... blank media is \$.50
- Staff time for research, copying, scanning, etc., will be charged in 6 minute increments based on staff members’ wages+benefits.
- If a request requires an outside copying service, the requester will be contacted by the service to make arrangements for payment before any work is done. The City of Branson will not provide credit card information to the outside service.

**PLEASE READ:**

- If the estimated fees exceed \$20, a credit card number or cash deposit of the total estimated fees will be required before any work begins. You can provide a credit card number at the bottom of this form to expedite processing.
- Per State Statute 610.023 please allow three full working days following our receipt of this request for a response.
- Records or copies will be available for 30 days after the requester is notified.
- We are not responsible for emailed requests caught in our spam filter or otherwise unreceived faxed or emailed requests.
- We recommend that you confirm your request has been received to ensure compliance with Chapter 610 RSMo.

**APPROVAL REQUIRED** – SPECIFY A FEE LIMIT, AND SIGN.

I AUTHORIZE UP TO \$ \_\_\_\_\_ IN FEES FOR THIS REQUEST WITHOUT ADVANCE NOTICE.

**SIGN HERE ->**

**(Request will not be processed without signature and fee limit.)**

**CITY OF BRANSON OFFICE USE ONLY**

Cost of copies: _____	\$ _____	City Clerk approval: _____
Cost of labor: _____	\$ _____	Request processed by: _____
Other costs: _____	\$ _____	Notification date: _____
Total : _____	\$ _____	Receipt number: _____

**CREDIT CARD INFORMATION**

Check one:  VISA  MASTERCARD

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE APPROVING CREDIT CARD CHARGES: \_\_\_\_\_