

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: (Must provide street address if requesting priority or overnight delivery)		
Phone: Fax:		
Email:		
Billing Information ☐ Check here if same as above	e	
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:		
Trequest that you make available to me the following records:		
If you know the subject matter of the records, but do not have addition	al information, use this alternative (he as specific as	
possible; include dates if you can).	ai information, use this afternative (be as specific as	
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		
\square 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.		
☐ 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 ☐ Ema		
Send Requests To	Questions	
Konda Bentley Custodian of Records	Please call MPUA at 573-445-3279	
MPUA 1808 I-70 Dr., SW	Signature	
Columbia, MO 65203		
FAX: 573-445-0680		
Email to: openrecords@mpua.org	Requestor's Signature Date	