

*Franklin County Government
Request for Information
Tim Baker, County Clerk
Custodian of Records
400 East Locust Street, Suite 201
Union, MO 63084
636-583-6355*

This request is for records under the Missouri Sunshine Law, Chapter 610, revised Statutes of Missouri. Please print or type form

Requesters Information

Name: _____

Mailing Address: _____

Contact Telephone number and/or E-mail address:

Request for Information...

I request that you make available to me the following records: *(Please describe the records as specifically as possible. When you are asking for records that cover only a particular period, Such as last year or a specific month, identify that time period.)*

Schedule an appointment: Available date and time: _____

If you know the subject matter of the records, but do not have additional information, use this alternative. I request that you make available to me all records that relate to *(be as specific as possible, include dates if you can):*

Schedule an appointment: Available date and time: _____

Research and Copy Fee Information...

(Copy fees: \$0.10 per page and Research fees: Researcher's total adjusted hourly wage pro rate for length of research time)

If you want and are willing to pay for copies of the records, rather than just being able to see them: *(Please indicate your choice by marking the appropriate box.) Documents will not be released or sent until payment has been received.*

Pick up request:

Mail request to above referenced address:

Mail request to alternate address: address to follow: _____

If you believe your request serves the public interest, not just personal or commercial interest, you may ask that the fees be waived. *(Please tell how the information you obtain through this request will be used in the public interest.)*

Request to waive fees:

Please let me know in advance of any research or copying if the fees will exceed \$_____ *(Insert amount you are willing to pay without additional information within the documents.)*

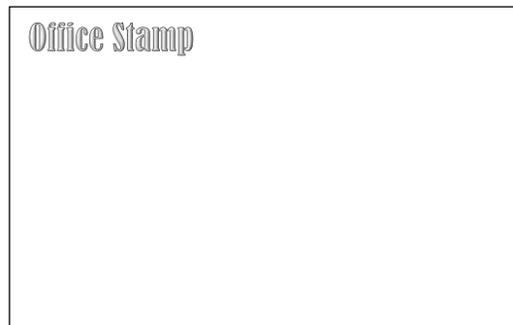
Open Record Information...

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records. Acknowledge statement by marking the box:

Requester's signature: _____

Date: _____

For Office use only:



Franklin County Clerk's Office

Signature: _____

Date: _____

Date and Initials completed: _____ Date and Initials released: _____

Revised: 2/5/18 cb