



CITY OF WARRENTON

200 WEST BOONESLICK RD* WARRENTON, MO 63383

REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

Date of Request: _____

Record being requested: _____

For Inspection Only: Yes ___ No ___ Copy of Record Requested: Yes ___ No ___

If Yes, Number of Copies to be provided: _____

Requested by: _____

Name

Address

Telephone: _____

City

State

Zipcode

Signature

* * * * * FOR OFFICE USE * * * * *

Date Request Received: _____ Person Accepting Request: _____

Request Received by: Mail ___ Telephone ___ Walk-in ___

Fees: No Charge ___ Cost /Staff Time Involved: _____ Cost & No. of Copies: _____

TOTAL COST: _____ Fee Receipt No.: _____

Payment due prior to copying: Yes ___ No ___

Date Record Provided: _____

Place, Time & Date Record Available for inspection: _____

Explanation for Cause for Delay, if applicable: _____

If Request is denied, date written statement by City Clerk explaining denial provided.
(Copy to be attached to request form) _____