

City of Lone Jack, Missouri
Request for Access to Public Records Form
(please print or type)

This Form is provided pursuant to the City of Lone Jack's Open Meetings and Records Policy. A copy of the Policy can be obtained upon request. Completion of the Form will expedite the City's response to your request for access to public records under §610.023 RSMo. Thank you for your cooperation and your interest.

Date of Request: _____

Name of Person Making Request: _____

Address/Telephone Number of Person Making Request: Phone: _____

Address: _____

How would you like to receive your request: Mail _____ Pick up _____

Public Record(s) Requested:

Signature of Person making Request: _____

FOR CITY STAFF USE ONLY			
To be completed by Custodian of Records or Designee			
			Date Request Received: _____
<u>Staff</u>	<u>Rate/Hr</u>	<u>Time Expended</u>	<u>Total Costs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			_____
No. of pages duplicated _____ X \$.10/page			= _____
Total Actual Cost for Document Search and Duplication			= _____

Custodian Approval _____
 Date _____