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: ________________________

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<th>Staff</th>
<th>Rate/Hr</th>
<th>Time Expended</th>
<th>Total Costs</th>
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TOTAL

No. of pages duplicated _____ X $ .10/page = ________________________

Total Actual Cost for Document Search and Duplication = ________________________

Custodian Approval ________________________

Date ________________________