

PUBLIC RECORDS REQUEST FORM

This is a Request for Records Under The Missouri Sunshine Law, Chapter 610, RSMo Please return this completed form to <u>cityclerk@cityofgrainvalley.org</u>

Date:			
Requestor Name: Address:			per:
Email Address:			
		or Electronic	
	RECORDS	REQUEST DESCRIPT	ΓΙΟΝ
Su	bject/Title	Document Date	Record Type
copies of public record	ds. This fee may be re		or providing access to or furnishing by include the cost of staff time or reproducing the records.
	[To BE	COMPLETED BY CITY STAF	F]
Date Received:		Received B	y:
Staff Assigned:		Staff Tim	e:
Cost Breakdown:		Total Cos	st:
Date Completed:		 Da Mailed/Issue	
Additional Information:			