

**City of Mount Vernon
Public Records Request Form**

Date of Request: _____			
Name of Requester: _____			
Address: _____			
_____		City:	State
_____		Zip Code	
_____	_____	_____	
Telephone Number	Fax Number	Email Address	

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting for review. *Note that pursuant to RSMo, Section 610.023.3, we have three (3) business days to respond to your request.*

I understand I must pay \$0.10 per page for paper copies that are 9" x 14" and smaller, and may charge for time spent duplicating the records and for research time spent fulfilling my request pursuant to RSMo, Section 610.026.1(1). For all other types of records, there will be a charge for the cost of the materials used for duplication and staff time.

- I wish to have copies/duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.
- I wish to have an estimate of the costs of copies in my request

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived. Please state below how you will use the information and why that use is in the public interest.

Method by which I would like to receive the information I have requested: (Pre-payment may be required).

- Mail records
- Call me and I will pick up in person

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FOR DEPARTMENT USE ONLY:

Date Received: _____ Staff: _____
Date Completed: _____ Staff: _____
Copies Provided: Yes No Total _____
Request Denied: Yes No
Reason Request Denied _____

Comments: _____

SUBMIT COMPLETED FORM:

City of Mount Vernon
City Clerk's Office
P.O. Box 70
319 East Dallas Street
Mount Vernon, MO 65712