



# CITY OF RAYMORE REQUEST FORM FOR OPEN RECORDS

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

**Please Submit the Form to:**  
**City of Raymore**  
**Attn: City Clerk's Office**  
**100 Municipal Circle**  
**Raymore, MO 64083**  
**(816)331-3324**

**I request the following records:** \_\_\_\_\_

(Describe the records as specifically as possible as they pertain to dates and/or subject matter.)

**Records may be made available to view at no charge at City Hall, or sent electronically at no charge.**

Would you like this information sent to you in electronic format?      Yes                  No

If so, please list the email address you would like the information sent to:

\_\_\_\_\_

If not, please list the physical address you would like these records sent to: \_\_\_\_\_

\_\_\_\_\_

**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:** I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to \_\_\_\_\_.  
(Tell how you will use the information and why that use is in the public interest.)

Please let me know in advance if any search or copying fees will exceed \$ \_\_\_\_\_

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER(S) I CAN BE REACHED AT** \_\_\_\_\_

**For Office Use Only-PLEASE ATTACH COPY OF PAID RECEIPT**

Date Received \_\_\_\_\_ Time \_\_\_\_\_ Received By \_\_\_\_\_

Date Filled \_\_\_\_\_ Time \_\_\_\_\_ Completed By \_\_\_\_\_

Number of Copies \_\_\_\_\_ @ \$ \_\_\_\_\_ per Page

Hours Billed \_\_\_\_\_ @ \$ \_\_\_\_\_ Hourly Rate for: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_ for \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Invoice Date \_\_\_\_\_ Paid On \_\_\_\_\_