



**REQUEST FOR RECORDS UNDER THE MISSOURI SUNSHINE LAW
CHAPTER 610, REVISED STATUTES OF MISSOURI**

Please complete and return to: City of Osage Beach
City Clerk
1000 City Parkway Osage Beach, M O 65065.
Phone: 573/302-2000; Fax: 573/302-2039
tberreth@osagebeach.org

I request that you make available to me the following records: (Describe the records as specifically as possible. When asking for records that cover a particular period of time, or a specific month, date, or year, please identify that period.)

I request that you make available to me all records relating to: (If you know the subject matter of the records your are requesting, but do not have additional information, use this alternative. Be as specific as possible and include dates.)

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

_____ **Yes, I am willing to pay all fees associated with the records I have requested.**

_____ **Yes, I am willing to pay a limited amount, not to exceed \$ _____ for copies of the records I have requested.**

_____ **No, I do not want to purchase copies. I wish only to review your records.**

_____ **No, I do not want to purchase copies, I ask that the City waive all fees associated with my request for records.** (Please explain why the City should waive fees.)

Name

Address

Phone Number

E-mail address
