



Franklin County Government Request for Information

Tim Baker, County Clerk and Custodian of Records
400 East Locust Street, Suite 201 | Union, MO 63084
636-583-6355

*This request is for records under the Missouri Sunshine Law, Chapter 610, revised Statutes of Missouri.
Please print or type form*

Requesters Information

Name: _____

Mailing Address: _____

Contact Telephone number and/or E-mail address (we do not have the ability to text any
information) : _____

Request for Information...

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

Schedule an appointment: Available date and time: _____

If you know the subject matter of the records, but do not have additional information, use this alternative. I request that you make available to me all records that relate to *(be as specific as possible, include dates if you can):*

Research and Copy Fee Information...

(Copy fees: \$0.10 per page and Research fees: total adjusted hourly wage pro rate for length of research time)

If you want photocopies*, rather than just viewing the request in person or via email, please choose how you would like to receive them: *(Please indicate your choice by marking the appropriate box.)*

- Email (no additional charges)
- Pick up*
- Mail to above referenced address*:
- Mail to alternate address*: _____

*This choice will incur a fee of \$0.10 per page, in addition to any research fees. Documents will not be released until payment is received.

If you believe your request serves the public interest, not just personal or commercial interest, you may ask that the fees be waived. *(Please explain how the information in this request will benefit public interest.)*

- Request to waive fees

Please let me know, in advance, of any research or copying if the fees will exceed \$_____
(Indicate the maximum amount you are willing to pay to obtain this information.)

Open Record Information...

If portions of the requested records are closed, the closed portions will be segregated and we will provide you with the rest of the records. Acknowledge this statement by initialing here: _____

Requester's signature: _____

Date: _____

For Office use only:

Date Stamp:

Destination Department: _____

Photocopy this form and send to correct department.

Give original to the Custodian of Records.

Date and Initials completed: _____

Date and Initials released: _____