

**CITY OF CLEVER  
304 S CLARKE AVE  
CLEVER, MO 65631**

**REQUEST FOR RECORDS**

All requests for City records must be submitted in writing. The City will make every effort to provide the requested information in 72 hours, excluding weekends and holidays. Requests involving extensive research may take longer. You will be given a time and date when the records will be available.

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Information Requested (please number each request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Fees for copying records will be ten cents per page for paper copy not larger than nine by fourteen inches, with an hourly rate of \$ \_\_\_\_\_. Research time required for fulfilling the records request will be charged at the actual cost of the research time.

I, the undersigned and requestor of this information, understand the above research fee amounts and agree to proceed with this research request. I further understand that depending on the amount of research and copies requested that I may be required to pay a deposit for research to begin on said request.

\_\_\_\_\_ Signature of Requestor \_\_\_\_\_ Date Signed

I, the undersigned Records Custodian, have fulfilled my obligation of the aforementioned records request pursuant to the State Statute 610.026(1)RSMo. The total amount to be collected from this records request is \$ \_\_\_\_\_.

\_\_\_\_\_ Records Custodian \_\_\_\_\_ Date Signed