



Request for Public Records

City Clerk
City of Chesterfield
690 Chesterfield Pkwy W
Chesterfield, MO 63017
Fax: 636.537.4798
Phone: 636.537.6716
cityclerk@chesterfield.mo.us

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. If portions of the requested records are closed, please segregate the closed portions and provide me the rest of the records. Access to public records shall be provided by the end of the third business day following the date the City Clerk receives the request. The law allows this time to be extended if there is a reasonable cause for delay. If a delay occurs, you will be notified of the reason and when the records will be made available.

Date of Request: _____

Name of Person Making Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Documents Requested:

I understand that there may be charges for the City's response to this request and that payment of such fees is required prior to receiving these records. Please Check one of the following:

- ☐ I want to view the documents instead of receiving copies
☐ I would like to receive copies of the requested records
☐ I would like a written estimate of fees prior to production of requested copies
☐ I would like to know in advance of any search or copying fees if fees will exceed \$_____
☐ I believe this request serves the public interest and is not for personal or commercial interest.
I ask that all fees for locating and copying records be waived. State how this information will be used and why that use is in the public interest

Internal Use Sunshine Request #: _____ Department: _____

Certified Copies @ \$5.00/each:	Postage:
B/W Copies @ \$.10/page:	Research Time:
Color Copies @ \$.50/page:	
Plans @ \$3.00/copy:	Total:

Amount Paid: _____ (Credit Card, Cash, Check)

Date Responded: _____ (Emailed, Mailed, Faxed, Picked Up)

Amanda Hurley, Deputy City Clerk