

RECORDS REQUEST FORM

CITY OF HALLSVILLE
202 HIGHWAY 124 E
HALLSVILLE, MO 65255

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

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)**

If you want and are willing to pay for copies of the records, rather than just being able to see them. I request that the records responsive to my request be copied and sent to me at the following address:

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 of any search or copying if the fees will exceed \$ _____ **(Insert amount you are willing to pay without additional information about the documents)**

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

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____