RECORDS REQUEST FORM

Lincoln County PWSD #2, Tina Day, 40 Sydnorville Road Troy, MO 63379

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.

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**)

I will pick up my copies when ready. _____

If you want the copies mailed to you, postage will be an additional fee.

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.

(**Insert your name, address, phone number, or electronic mail address**)

_____

_____

_____

OFFICE USE ONLY:

Received by: Date: Time: