City of Linn Creek Records Request Form

To: Samantha E. Skidmore, City Clerk PO Box 1177 102 E. Valley Dr. Linn Creek, MO 65052

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

(Please Print) Date of Request	
Name:	Telephone:
Address:	
	State Zip
Email:	Fax:
Documents Requested:	
Date(s)	
of the third business day following the date th	th request to access public records be acted on no later than the end ne request is received. I understand that there is a charge of \$.10 aller as well as fees for research and duplicating time. I other types of records.
Please let me know in advance of any fees for	r this request that will exceed the amount of \$
I understand that if portions of the requested requested copies.	records are closed, the closed portions will not be included in the
Signature:	
Initial on Pick Up:	
	City Use
Received By:	Date Received:
Date Request Provided	Amount: \$
Reason for Any Delay:	