PUBLIC RECORDS REQUEST FORM

REQUEST FOR RESEARCH & COPIES

215 North Liberty; Post Office Box 296
Independence, Missouri 64051
Email: jceb@jcebmo.org Phone: (816) 325-4600

Jackson County Election Board

Admin Rcvd _____

Date _____

Time _____

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

(Please **clearly** complete this form in its entirety where applicable in order to assist in processing your request in a timely manner.)

This request is per RSMo 610, the Missouri Sunshine Law. The request is to be responded to by the end of the third business day (excluding legal holidays and weekends) following the date the request is received by the Jackson County Election Board. A response constitutes either compliance of the records requested, a reason for delay or legal explanation as to why the records may not be available as requested. The response may require additional time or charges depending upon information sought within the request.

Pursuant to 115.158 RSMo; lists subject to Chapter 610, shall not be used for commercial purposes. Violation of this section shall be a class B misdemeanor carrying a penalty up to six months in jail and/or a fine not to exceed $1,000.00

Record(s) Requested By: _____
First Name Last Name

Address: _____
Street City State Zip

Email:_____ **Phone :(____)**_____ **Fax :(____)**_____

Description of Record(s) *(if available)*: ☐ **Documents** ☐ **Maps** ☐ **Voter Lists** ☐ **Other**_____

Preferred Distribution: ☐ **Email** ☐ **Flash Drive** ☐ **CD** ☐ **Paper**

Describe the records as specifically as possible. Please identify specific time periods if necessary. Attach additional sheets as needed.

☐ I understand fees may be required for additional research cost, copies, media, or other as needed (to be disclosed).
You have authorization to proceed unless fees exceed the amount to follow, and I therefore request you to contact me. $_____

☐ I request the fees be waived to serve the public's interest. Please state how and why the info will be used in the public interest:

BILLING INFORMATION

	ITEM	DISTRICT/ELECTION	NO STREETS	UNIT PRICE/QTY		COST
MAPS & COPIES	Jackson County Map		☐	$20.00 X		$ 0.00
	US Congressional District Map		☐	$20.00 X		$ 0.00
	County Legislative District Map		☐	$20.00 X		$ 0.00
	State Senate District Map		☐	$20.00 X		$ 0.00
	State Legislative District Map		☐	$20.00 X		$ 0.00
	Precinct Maps		☐	$1.00 X		$ 0.00
	Copies - per page		☐	$0.20 X		$ 0.00
	Other - Specify		☐	$ X		$ 0.00
				Admin Fee:	$10.00	$ 0.00
				M & L ACCOUNT TOTAL		$ 0.00
MCVR VOTER LISTS	Registered Voters ☐ * PSR			0.0001 X		$ 0.00
				Admin Fee:	$10.00	$
	New Registered Voters ☐ * PSR			0.0001 X		$ 0.00
				Admin Fee:	$10.00	$
	Voter History ☐ * PSR			0.0001 X		$ 0.00
				Admin Fee:	$10.00	$
	Voter List (hard copy) ☐ * PSR			0.20 X per page		$ 0.00
				Admin Fee:	$10.00	$
				PROGRAM INCOME (GRANT ACCT) TOTAL		$ 0.00
				SUBTOTAL		$ 0.00

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ **CVV:** _____ **BILLING ZIP CODE:** _____

3.5% CREDIT CARD FEE $ _____

COMBINED TOTAL $ _____

CREDIT/CASH/CHECK # _____

RECEIPT BOOK # _____

Requestor's Signature: _____ **Date:** _____ **Time:** _____