



# PUBLIC RECORDS REQUEST FORM

## REQUEST FOR RESEARCH & COPIES

215 North Liberty; Post Office Box 296

Independence, Missouri 64051

Email: [jceb@jcebmo.org](mailto:jceb@jcebmo.org) Phone: (816) 325-4600

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
Jackson County Map		<input type="checkbox"/>	\$20.00 X	\$
US Congressional District Map		<input type="checkbox"/>	\$20.00 X	\$
County Legislative District Map		<input type="checkbox"/>	\$20.00 X	\$
State Senate District Map		<input type="checkbox"/>	\$20.00 X	\$
State Legislative District Map		<input type="checkbox"/>	\$20.00 X	\$
Precinct Maps		<input type="checkbox"/>	\$1.00 X	\$
Copies - per page		<input type="checkbox"/>	\$0.20 X	\$
Other - Specify		<input type="checkbox"/>	\$ X	\$
			Admin Fee:	\$10.00
<b>M &amp; L ACCOUNT TOTAL</b>				\$
Registered Voters	* PSR		0.0001 X	\$
			Admin Fee:	\$10.00
New Registered Voters	* PSR		0.0001 X	\$
			Admin Fee:	\$10.00
Voter History	* PSR		0.0001 X	\$
			Admin Fee:	\$10.00
Voter List (hard copy)	* PSR		0.20 X per page	\$
			Admin Fee:	\$10.00
<b>PROGRAM INCOME (GRANT ACCT) TOTAL</b>				\$
<b>SUBTOTAL</b>				\$

MAPS & COPIES

MCVR VOTER LISTS

#### GIVEN TO REQUESTOR BY

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

3.5% CREDIT CARD FEE \$ \_\_\_\_\_  
 COMBINED TOTAL \$ \_\_\_\_\_  
 CREDIT/CASH/CHECK # \_\_\_\_\_  
 RECEIPT BOOK # \_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_