



PUBLIC RECORDS REQUEST FORM

REQUEST FOR RESEARCH & COPIES

215 North Liberty; Post Office Box 296

Independence, Missouri 64051

Email: iceb@icebmo.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	\$
M & L ACCOUNT TOTAL				\$
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	\$
Mark the *Public Service Request(PSR) box to include Birth Year and Party Affiliation				
PROGRAM INCOME (GRANT ACCT) TOTAL				\$
SUBTOTAL				\$

MAPS & COPIES

MCVR VOTER LISTS

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

GIVEN TO REQUESTOR BY

Signature: _____ Date: ___/___/___ Time: _____

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