

PUBLIC RECORDS REQUEST FORM  
CLAY, PLATTE, RAY MENTAL HEALTH BOARD OF TRUSTEES  
3100 NE 83<sup>rd</sup> St., Ste. 2700  
Kansas City, MO 64119  
(816) 468-1772

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

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)**

If you know the subject matter of the records, but do not have additional information, use this alternative: I request that you make available to me all records that relate to

\_\_\_\_\_  
**(Be as specific as possible; include dates if you can)**

If you want and are willing to pay for copies of the records, rather than just being able to see them: 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 and 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, and electronic mail address)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

# Copies \_\_\_\_\_ x .10/one page = \_\_\_\_\_

# Copies \_\_\_\_\_ x .20/double sided) = \_\_\_\_\_

Research hours \_\_\_\_\_ x \$50/hour = \_\_\_\_\_

TOTAL COST = \_\_\_\_\_ (Due upon completion)