



16 West Church Street  
Bowling Green, MO 63334  
573-324-5451 Phone  
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[www.bowlinggreen-mo.gov](http://www.bowlinggreen-mo.gov)

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## RECORDS REQUEST FORM

**Official Custodian of Records**  
**Barbara Allison**  
**City Clerk**  
**16 W Church St.**  
**Bowling Green, MO 63334**

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

**Please read list in its entirety and check appropriate request.**

\_\_\_\_\_ 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 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 \_\_\_\_\_ **[Please explain how you will use the information and why that use is in the public interest.]**

Please let me know in advance of any search or 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.**

NAME:

ADDRESS:

PHONE NUMBER: