



**RECORDS REQUEST FORM  
CUSTODIAN OF RECORDS  
Paula Brumfield, Christian County Clerk  
100 W.Church St., Rm 304, Ozark, MO 65721  
Email: sunshine@christiancountymo.gov Phone (417) 582-4340**

|            |       |
|------------|-------|
| No.2025-   | _____ |
| Received-  | _____ |
| Response-  | _____ |
| Processed- | _____ |

**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 three business days (excluding legal holidays and weekends) following the date the request is received by the Custodian of Records. The day a request is received by the Custodian of Records does not count as one of the three business days. 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. Please complete the form as completely as possible to better assist you with your request.

*Disclaimer: If portions of the requested records are closed, we will segregate the closed portions and provide you the rest of the records.  
\*\*\*\*Our standard format is Word document, Excel file, or a PDF file. Email requests are provided as a PST file on a flash drive.*

**Record(s) Requested By:** \_\_\_\_\_  
First Name Last Name

**Address:** \_\_\_\_\_  
Street City State Zip

**Email:** \_\_\_\_\_ **Phone :**(\_\_\_\_) \_\_\_\_\_ **Fax :**(\_\_\_\_) \_\_\_\_\_

**Description of Record(s) (if available):**  **Documents**  **Audio**  **Video**  **Other** \_\_\_\_\_

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

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

**BILLING INFORMATION**

Copies (letter/legal size) x \$.10 page (\$.20 double-sided) \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Staff time: \_\_\_\_\_ hour(s) x \$ \_\_\_\_\_ = \_\_\_\_\_

Flash Drive (select media choice) x \$5.00 each = \_\_\_\_\_

**TOTAL FEES: (due before processing) = \_\_\_\_\_**