



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

Custodian of Records – Belton City Clerk’s Office

506 Main Street Belton, MO 64012

P 816.331.4331 F 816.322.4620

[www.belton.org](http://www.belton.org) [cityclerk@belton.org](mailto:cityclerk@belton.org)

Choose one

**If you know the specific records, you’re requesting**

**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, but aren’t sure of the specific records**

**I request that you make available to me all records that relate to (include the subject matter):**

(Be as specific as possible. Include dates, if possible.)

I request to only view the records responsive to my request instead of receiving a hard copy or an email.

*You will be contacted to set up a time to view the records.*

I request the records responsive to my request be emailed to me.

I request the records responsive to my request be mailed to me at the following address.

Address	City	State	Zip
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*We will let you know in advance of any research or copying fees. Payment is required prior to the City providing the information requested. Payment is cash or check. If portions of the requested records are closed, they will be redated.*

I request all fees for locating and copying the records be waived because this information is likely to contribute significantly to public understanding of the operations or activities of the public governmental body and is not primarily in the commercial interest of the requester. (610.026.1) (Please state how you will use the information and why that use is in the public interest and not just for personal or commercial interests.)

Please provide your contact information. (This may be different from where you’d like the records sent)

Name _____			
_____			
Address	City	State	Zip
Phone (____) _____	Email	_____	
Submitted date _____			