

CITY OF NIXA OFFICE  
OF CITY CLERK  
715 W. MT VERNON, NIXA MO 65714

**REQUEST FOR OPEN RECORDS PER CHAPTER 610.023.1 RSMo**

Request From: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date \_\_\_\_\_

**Description of Records Requested:** Describe the records as specifically as possible with the dates of the records needed. Please allow 3 full working days following the received date of the request for processing. If the records can not be processed in 3 full working days you will be given the approximate date they will be available per Chapter 610.023.3 RSMo.

---

---

---

---

**Costs:** \$.10 per page for 8 1/2 x 11 copy Copy of CD: \$10.00

\$14.00 an hour for research and copying of documents for clerical personnel. Other personnel hourly charges will be the individual's pay scale plus benefits.

**Estimated Costs if any** \$ \_\_\_\_\_

**Pre payment will be required for the estimated cost. Remainder of balance will be due when records are picked up or a refund if overcharged.**

**Please Sign for approval of Request Expenses** \_\_\_\_\_  
Signature

-----  
**City of Nixa Office Use Only**

Request received by \_\_\_\_\_ Date & Time \_\_\_\_\_

Estimated Cost received \$ \_\_\_\_\_ Receipt number \_\_\_\_\_

<b>Actual Costs</b>	
Number of Copies _____	Cost of Copies \$ _____
Total Hours _____	Cost for Time \$ _____
Other Charges _____	Cost of other Charges \$ _____
	Total Charges \$ _____

Employee Processing Request \_\_\_\_\_

City Clerk Approval: \_\_\_\_\_