

The completed form should be directed to the City Clerk at the City of Canton, PO Box 231, Canton, MO 63435 (573) 288-4413 (573) 288-3738 fax

City of Canton, Missouri Request for Public Records

Date of Request: _____

Time of Request: _____

Name of Person Making Request: _____

Contact Information: _____

Public record(s) requested (be specific): _____

Requested format (paper, electronic, etc.): _____

Signature of person making request: _____

Duplication and Research Costs for Public Records

As established by RSMo Section 610.026, the following fees and charges are established for copying, duplicating and researching public records:

Paper Copies (not larger than 9x14")	\$0.10 per page
Duplicating or Research Time/Hourly Fee	\$16.13

Fees for providing access to public records maintained on computer facilities, recording tapes or disks, videotapes or films, pictures, maps, slides, graphics, illustrations or similar audio or visual items or devices and for paper copies larger than 9x14" shall include the cost of copies, staff time required for making copies and programming, if necessary, and the cost of the disk, tape or other medium used for duplication.

Fees for maps, blueprints or plats that require special expertise to duplicate may include the actual rate of compensation for the trained personnel required to duplicate such maps, blueprints or plats.

If programming is required beyond the customary and usual level to comply with a request for records or information, the fees for compliance may include the actual costs of such programming.

Payment of fees shall be required in advance, including facsimile transmission of requested records.

Fees may be waived at the discretion of the custodian of records under certain circumstances.

Written estimates may be provided upon request prior to production of any requested record copies.

TO BE COMPLETED BY CUSTODIAN OF RECORDS:

Total Fees and Charges:	
Copies (# pages _____)	\$ _____
Research/Duplication Time (hours _____)	\$ _____
Other charges	\$ _____
Total Charge	\$ _____

ESTIMATED FEES AND CHARGES

Completed: _____
(date/time)

Fees Paid: _____

Custodian of Records:

(date and signature)