

**BARRY COUNTY HEALTH DEPARTMENT
MISSOURI SUNSHINE LAW (RSMo 610) RECORD REQUEST FORM**

Date: _____

Person/Agency Requesting Service

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax #: _____

Signature: _____

Nature of Information Requested (Please be specific)

Reason for Request and Other Details of Information Requested

As provided under the Missouri Sunshine Law, we are required to provide requested public records within three (3) business days, or provide the reason for denial of such records within three (3) business days. You may review files under our supervision or we may provide copies. We normally don't charge for reasonable requests, but may charge for the exact cost of our services in providing these records. Fees may not exceed 10 cents per page for paper copies 9 by 14 or smaller, plus an hourly fee for duplicating time not to exceed the average hourly rate of pay for clerical staff of the public governmental body. Research time may be billed at actual cost.

**Release of any record must be approved by the Custodian
of Records or the Health Department Director**