RECORDS REQUEST FORM

County of Johnson, Missouri County Clerk, Diane Thompson

Designated Custodian of Records for County Commission, County Clerk, Voter Registration & Local Elections 300 N. Holden Street, Suite 201, Warrensburg, MO 64093, 660-747-6161

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

YOUR CONTACT INFORMATION

Name		E-Mail	
Address (Street Address, City, State, Zip Code)		Phone Number(s)	
Identify the records you request: ☐ I request that you make available to me the following records: ☐ I know the subject matter of the records, but do not have additional information. I request that you make available to me all records that relate to: ☐ If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records. ☐ Clescribe the records as specifically as possible. Ask for records that cover only a period, such as last year or a specific month, identify that time period. Please use additional pages as needed.)			
☐ I would☐ I would	you would like to receive the records: like to view the documents during your ho like to receive the documents electronical	lly, if available	
and ser	nt to me at the following address: Same as above	oquoot tilat til	e records responsive to my request se copied
Select how you would like to pay the location fees and copy fees. Please let me know in advance of any search or copying if the fees will exceed \$ I believe my request serves the public interest and is not just for personal or commercial interest. I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to:			
Signature: _.			Date:/
Received:// Response:// Records Request Number:			