

Request for Copy of **Public Records**

	Under Missouri Sunshine Law, Chapter 610
Requestor's Name:	Phone:
Address:	
(Street Address or PO Box, City, State, Zip)	
Requestor's Signature:	
Request is for: Offense Report Booking Photo Accident Report Other	
I will: Pick up the record at the Sheriff's Office Request record to be mailed to the above address	
Notes, such as case numbers, that may assist us with request:	
FEES	
per page over the original 20 pages.	or expert assistance retrieving electronic information, etual costs incurred will be charged. or a search of 30 minutes or less there will be no
charges imposed for making the copies, as well as the fee provided above for search, retrieval, accompanying, and returning to storage.	trieval fee. Searches requiring over 30 minutes, there II be a \$8.33 charge per each 30-minute period, cluding the first 30 minutes.
 Only black and white copies will be provided. Delivery of copies—actual costs incurred for postage, 	ayment is by Cashiers' Check, Money Order or ersonal check. Cash, credit cards and/or debit ards are not accepted! Make checks payable to: dair County Sheriff's Office
If your record is to be mailed, you will be hilled by mail	ices may change without notice.
Please noteas a general rule, the Records Coordinator is not expected to engage in extensive searches or compilations. Any search request that will require more than 30 minutes of the Records Coordinator's time may be declined without an advance deposit for the estimated time required to search for records.	
Information that is reasonably likely to pose a clear and present danger to the safety of any victim, witness, undercover officer, or other person; or jeopardize a criminal investigation, including records which would disclose the identity of a source wishing to remain confidential, a suspect not in custody and information of persons 17 years old will be blacked out (RSMo. 610.100.3). A person's social security number will not be released (RSMo. 610.035). The County carries the burden of proof required to initiate an action in circuit court justifying the non-disclosure of partial or complete records.	
Agency Use On	ly
Person Accepting Request:	Date:
Request Received By:	
Copy Fee:Research Time Fee: Media Fe	ee: Postage Expense:
Total Fees: Date Record Provided To Requestor or Ne	gative Response Given To Requestor:
Unable to complete request because: Report not found with inf	o provided Report not complete

Location outside of Adair County Sheriff's Office jurisdiction ☐ Report Forwarded to PA ☐ Report Closed Record

Employee Completing the Request: _