



CITY OF PLATTE CITY
Request for Public Records
Phone: 816-858-3046 Fax: 816-858-5402

DISCLAIMER: *Anyone is eligible to request any public record that is an open record under Missouri law. You are not required to provide your name, address, contact information or your reason for requesting the information.*

However, the more information you are willing to provide; the more easily and quickly the City can find and provide the requested information.

Within three days (72 hours, excluding weekends) the City will provide either the requested information or a written response to the request.

All requests must be submitted to the City of Platte City Custodian of Records, City Clerk, Amy Edwards at City Hall, 400 Main Street, Platte City, Missouri 64079 or her designees.

PLEASE PRINT ALL INFORMATION

Date of Request: _____ /Time of Request: _____

Name of Person or Company Requesting Information: _____

Address of Requestor of Information: _____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

Description of Records being Requested (dates, addresses, names, etc.)

RESEARCH AND DUPLICATION FEES ALLOWED UNDER STATE LAW ARE AS FOLLOWS:

Duplication Fees: Clerical Fee of \$19.37 per hour plus*

- 10 cents per page no larger than 9" x 14"
- \$10 per report for first police report with calculated clerical fees for additional police reports.
- Copies larger than 9" x 14" shall include the cost of copies and staff time, which shall not exceed the average hourly rate of pay for staff of the City of Platte City
- Fees for maps, blue prints or plats that require special expertise to duplicate shall include national rate of compensation for the trained personnel required to duplicate such documents. If programming is required beyond the customary and usual level to comply with the request for records or information, fees for compliance may include national costs of such program.
- Audio Tapes : \$5.00 each
- CDs: \$5.00 each
- Videos: \$5.00 each
- Flash Drives: \$15.00 each

*If research time is required by managerial staff, fees will include the hourly rate of said staff.

I, the undersigned and requester of this information, understand the above research fee amounts and agree to proceed with this research request. I further understand that depending on the amount of research and copies requested that I may be required to pay a deposit for research to begin on said request.

Signature

Date

For Office Use Only:

Estimated cost: _____

Date prepared: _____

Date released: _____

Actual Cost: _____