



CITY OF COTTLEVILLE, MISSOURI

5490 Fifth Street
Cottleville, MO 63304
(636) 498-6565

REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD(S)
[Please Print]

Response and/or fulfillment of this request will occur no later than the end of the third business day following the date the request is received by the Custodian of Records.

Date of Request: _____ Time of Day: _____

Record(s) Being Requested: _____

For Inspection Only: YES ____ NO ____

Copy of Record(s) Requested: YES ____ NO ____

Request By: _____ Telephone No: _____
(Name)

Address: _____

Signature: _____

*******FOR OFFICE USE ONLY*******

Date Request Received: _____ Person Accepting Request: _____

Request Received: By Mail: ____ By Telephone: ____ Walk-In: ____ Fax: _____

Fees: No Charge: ____ Cost to Provide Copy \$ _____ Fee Receipt No. _____

Payment Due Prior to Copying: YES NO

Date Record Provided: _____

Place, Time and Date Record Available for Inspection: _____

Explanation for Cause for Delay, if Applicable: _____

If Request is to be denied, Date Request Forwarded to Custodian of Records: _____

Date Request Received for Written Statement of Grounds for Denial: _____

Date Written Statement by Custodian of Records Explaining Denial Provided: _____

(Copy to be Attached to the Request Form)