



Arnold Police Department

Missouri Sunshine Law (FOIA) Records Request

TO: Custodian of Records
Arnold Police Department
2101 Jeffco Blvd.
Arnold, MO 63010

FROM: Name: _____
Address: _____
City/State/ZIP: _____
E-Mail Address: _____

**This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri.
I request that you make available to me the following records:**

Start Date: _____ Subject: _____

End Date: _____ Report #: _____

Items Requested (Reports/Photos/Video/Etc): _____

Select the boxes that apply to your request:

☐ **Paper Copies-Prepayment Required:** I request that the records requested be copied and made available at the Arnold Police Department. You will be notified of the total cost for payment.
Pursuant to Selection 610.016 RSMo., **fees for copying public records, except those records restricted under Section 31.091 RSMo. shall not exceed \$0.10 per page for a paper copy not larger than 9 x 14 inches**, with an hourly fee for the duplication time not to exceed the average hourly rate of pay for clerical staff of the Arnold Police Department. Research time required for fulfilling records request will be charged at the actual cost of research time. **Duplicating time and research time will be charged by the Arnold Police Department at the rate of \$0.37 per minute. MAXIMUM PAYMENT:** If search and copying fees will exceed, \$_____, please notify me before proceeding with the copying process. (Insert the amount you are willing to pay without more information about the document.

☐ **Digital Copies-Prepayment Required:** I request that the records requested be digital copied and made available at the Arnold Police Department. You will be notified of the total cost for payment.
Pursuant to Selection 610.016 RSMo., **fees for digital copying public records, except those records restricted under Section 31.091 RSMo. shall not exceed \$5.00 per USB flash drive**, with an hourly fee for the digital transfer time not to exceed the average hourly rate of pay for clerical staff of the Arnold Police Department. Research time required for fulfilling records request will be charged at the actual cost of research time. **Transfer time and research time will be charged by the Arnold Police Department at the rate of \$0.37 per minute. MAXIMUM PAYMENT:** If search and transferring fees will exceed, \$_____, please notify me before proceeding with the copying process. (Insert the amount you are willing to pay without more information about the document.

☐ **Closed Portion of Records:** If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Signature: _____

Print: _____

Date: _____

Office Use Only:

Report #: _____

Notes:

Number of Pages: _____

REQUEST FULFILLED BY:

Number of USB flash drive(s): _____

Name: _____

Research Time: _____

Date: _____

Total Cost: _____