



City of Raymore
Request for Open Records

Requestor's Information

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Information Being Requested

Purpose of Request: [] commercial [] media [] personal [] other: _____

If possible, would you prefer to receive the information electronically? [] yes [] no

Items Requested (please describe the records as specifically as possible):

Requests may be submitted via fax to 816-331-8724, emailed to cityclerk@raymore.com, or by regular mail or in person to:

City of Raymore
ATTN: City Clerk
100 Municipal Circle
Raymore, MO 64083

The City is authorized to charge for the research, retrieval, redaction, and other administrative costs of complying with your request, including copying charges of \$.10 per standard page and staff time to complete the request, per Chapter 610 of the Revised Statutes of Missouri. You will be notified in advance if your request will generate an invoice, which will be payable before the request is filled.

Signature _____

Date _____