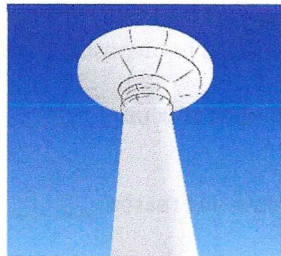


Montgomery Co. PWSD #1
PO Box 188
Warrenton, MO. 63383
636-456-8227



REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD

Date of Request: _____

Record being requested: _____

(Describe the record as specifically as possible. If you are requesting records that cover only a particular period, such as last year or a specific month, please identify that time period)

Would you like a copy of the document? ____ Yes ____ No

How will documents be delivered to the requester? ____ Email ____ Mail ____ Picked-Up
____ Faxed (Fax Number)

Please print your information below:

Request By:

Name: _____ Phone Number: _____

Address: _____ City, St, Zip: _____

Email address: _____

Requesting party's signature: _____

Please Note: Not all reports may be released. Some requests will involve extensive searches of records. State statute allows a reasonable length of time to allow the information to be gathered. A reasonable fee may also be charged for the time necessary to search for and copy public records and a deposit may be required.

To be completed by the District Clerk's office:

Date request received: _____ Time Request Received: _____

Received via: Mail ____ Phone ____ Walk-in ____ Fax ____ Other ____

Amount of deposit required: _____ Date requester contacted for deposit due: _____

How was requester contacted for deposit? Phone Email Letter Fax

Date Requester contacted for pick up _____ By: Phone Email Letter Fax

If request was denied, date and reason: _____

Record request completed by: _____

Start time _____ End time _____ Total pages _____

Total time _____ @ _____ per minute

Fee for time _____

Total pages _____

Other _____