

**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 \_\_\_\_\_