

Manchester Police Department

200 Highlands Blvd. Dr. Manchester, MO 63011





MISSOURI SUNSHINE LAW - RECORDS REQUEST

TO:	Custod	ian of Records	FROM: Name:			
	Manch	Manchester Police Dept. 200 Highlands Blvd		Address:City/State/Zip:		
	200 Hi					
Manchester, MO 63011			Phone #:			
Fax: (636) 207-2829				Email:		
	E-Mail:	recordsclerk@manchestermo.gov				
	-	it for records under the Missouri Sunsh uest that you make available to me the		-		
		——————————————————————————————————————				
STAR	T: Month,	Year		END: I	Month/Year	
		Records Rec				
	_	e clerical rate applicable to research an	d compila	tion		
Copy Fee					\$.10 per page	
Copy of Audio CD (by request only)				\$3.50 per CD		
**VOL		fied of the total cost for payment, including ARCHIVED RECORDS MAY REQUIRE ADDIT			-	
FILE	MATION					
✓	<u>Check</u>	the boxes that apply to your request:				
		☐ I request that the records requested be copied and sent to me at the following address, and postage will be paid by me. Address/City/State/Zip:				
		*Prepayment Required				
		If search and copying fees will exceed the copying process. (Insert the amoudocuments).			ase notify me before proceeding with g to pay without information about the	
		I believe this request serves the public therefore, I request that all fees for lo			ot for personal or commercial interest; ng the records be waived.	
State	how this	information will be used and why that u	use is in th	e publ	c interest:	
CLOSI	ED PORTI	ONS OF RECORDS:				
		If portions of the requested records as provide me with the rest of the record	-	please	segregate the closed portions and	
Signature:				Date:		
		ney, please furnish the name of your cl				
		ance company, please furnish the name				
	If relate	ed to person named in document, pleas	se state re	lations	hip:	