RAY County Hospital AND HEALTHCARE

MISSOURI SUNSHINE LAW
RECORDS REQUEST

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: _____ (**Describe the records as specifically as possible. Where you are asking for records that cover only a particular period, such as last year or a specific month, identify that time period**)

If you know the subject matter of the records, but do not have additional information, use this alternative:

I request that you make available to me all records that relate to _____ (**Be as specific as possible; include dates if you can**)

If you want and are willing to pay for copies of the records, rather than just being able to see them:

I request that the records responsive to my request be copied and sent to me at the following address: _____.

If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that the fees be waived:

I request that all fees for locating and copying the records be waived. The information I obtain through this request will be used to _____ (**Tell how you will use the information and why that use is in the public interest**)

Please let me know in advance of any search or copying if the fees will exceed $_____ (**Insert amount you are willing to pay without additional information about the documents**)

If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

(**Insert your name, address, phone number, or electronic mail address**)