

## **Greene County Sheriff's Office**

5100 W Division Springfield, MO 65802 Records Direct 417-868-4042 Email: Records@greenecountymo.gov



**Request for Copy of Records** 

Missouri Sunshine Law Chapter 610 RSMo

Name:	DOB:	SSN:		
Address:				
Street address, City, St				
Phone Nu	mber, E-mail Address, "Reference to" Informa	ition		
Requestor's Signature:	Date:			
I Am Requesting Copies of Reco	rds Regarding:			
Case Number:	Person:	DOB:	SSN:	
Report #:	Location of occurrence:			
Date of Occurrence:	Subject Matter:	Subject Matter:		
Notes that may assist us with rec	quest:			
·		Involvement:		
Fees:   Record Copy Fees depend on for   • Paper copies for page   • Electronic copies of r   graphics, illustrations   cost.   • The time spent copyi   • Research time requir   • Records are generally   Please indicate if you would pre   yes, please provide a	□ photographic □ Other mat, duplication time, and research to proces as not exceeding nine by fourteen inches are 1 ecords maintained on computer facilities, rec s or similar audio or visual items or devices, an ng records is based on the average salary for a ed for fulfilling records requests may be charg y made available for pickup but can be mailed fer us to provide a fee estimate prior to proc a fee estimate prior to processing, if fee is gre	is each request, per §610.026.1, R 0 cents per page. ording tapes or disks, videotapes o d for paper copies larger than nine Records Clerk 1 position. ed at cost. upon request and payment of the <b>essing</b> :	SMo. and as amended. or films, pictures, maps, slides, by fourteen inch, are assessed at	
and mailed to the Greene Count records will be available for pick Report Released By Request Denied:	requested prior to the making copies, per §63 y Sheriff's Office Records Division, 5100 W Di cup at the Records Division.	<b>vision, Springfield, MO 65802</b> . Up —		
			 ised 09/20/2024	
			Page 1 of 1	