Request For Records

Contact Information: All fields that have an asterisk (*) are required.

Name* _____ Phone Number* _____

Address* _____ City / State / Zip* _____

Email: _____

By law, certain records may be open upon request to certain individuals but closed to the general public. Please state your interest in the records request (such as general public, party, or representative of a party to an accident, victim, etc.) so that we may determine whether those records, if closed to the public, may be available to you.

Reason for Request	Court Case:
	Civil Criminal

Records Information:

Type:

Incident Report   Accident Report   Gun Permit   Arrest Report   Log   Other

Please describe the records as specifically as possible. Provide case numbers, names, dates, incident type, or any other relevant information.

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Disclaimer:

This is a request for records maintained by the Cass County Sheriffs' Office. These records may fall under Missouri Revised Statutes, Chapter 610 (the Missouri "Sunshine Law"). It is possible that these records or portions of them may NOT be open records under Missouri State Statutes and not available for release in part or whole. Each written request for access to public records will be acted upon as soon as possible but in no event later than the end of the third business day following the date the request is received. The period for document production may exceed three days for reasonable cause. With a delayed occurrence, the Custodian of Records will give a detailed explanation of the cause for the delay and provide the place and the earliest time and date that the record will be available. When a request is denied for any reason, the Custodian of Records will provide a written statement giving the grounds for the denial. The written statement will be furnished to the requester no later than the end of the third business day following the date that the request for records is received, and the statement will cite the specific provision of law supporting the denial.

There WILL be a minimum reproduction fee of $5.00 for each document and additional fees may apply for all actual costs incurred by this office for the search and reproduction of documents. All payments must be received prior to any reproductions being made.

Please let me know in advance of any search, copying fees, or programming production that will exceed $ _____

Signature: _____   Date: _____

Office Use Only

Disposition:

Produced   Redacted & Produced   Closed Record

Total Cost of Production: $ Processed by: Date: