

St. Louis County Department of Highways & Traffic
REQUEST FOR PUBLIC INFORMATION

All requests for records maintained by the Department of Highways & Traffic shall be directed in writing to the Custodian of Records:

Karen J. Wittkoetter, Division Manager, Administrative Services
 Departments of Highways & Traffic and Public Works
 121 S. Meramec Avenue, 6th floor
 Clayton, Missouri 63105

kwittkoetter@stlouisco.com

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, including but not limited to, address, intersection, project name, record type, etc. When 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 want copies of the records requested above, rather than just being able to view them, please check the appropriate boxes below:

I request that the records responsive to my request be copied and that I be notified when they are available for pickup.

ITEM	COST ESTIMATE	ACTUAL COST
Paper Copies (up to 11"x17")	Pages x \$0.10 =	Pages x \$0.10 =
Preparation Time	Hours x \$26.60 =	Hours x \$26.60 =
Research Time	Hours x \$26.60 =	Hours x \$26.60 =
Programming Time	Hours x \$37.13 =	Hours x \$37.13 =
Total		

Please contact me in advance before proceeding to locate or copy the requested records if the costs or fees will exceed \$_____ (*Insert the maximum dollar amount you will pay without additional information about the documents*).

I request that all costs or fees for locating and copying the requested records be waived. The information I obtain through this request will be used to _____ (*If you believe your request serves the public interest, and is not just for personal or commercial interest, you may ask that fees be waived. Tell how you will use the information and why that use is in the public interest.*).

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

Print the Requestor's: Name: _____ Telephone No.: _____
 Address, City, State, Zip: _____
 E-mail address: _____

I, the undersigned and requestor of this information, understand the above research fee amounts and agree to proceed with this research request.

 Signature/Print Name

 Date