

SUNSHINE ACT
RECORDS REQUEST QUESTIONNAIRE
RSMo. Chapter 610, Open Records Law

1) **Date:** _____

2) **Name:** _____

3) **Address:** _____

4) **Daytime Phone Number:** (____) _____

5) **If requested information is based on an accident, please provide:**

Parties involved: _____

Date of Accident: _____

Location of Accident: _____

6) **Please describe the document(s) requested (be as specific as possible):**

7) **If there is a charge for this information, you will be advised of the fee before the documents are forwarded to you.**

8) **Please forward this document to:**

Mari Ann Winters
Secretary to the Commission
Missouri Highway and Transportation Commission
P.O. Box 270
Jefferson City, MO 65102