



*City of Carl Junction
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**CITY OF CARL JUNCTION
Request for Public Records Form**

Date of Request: _____

Time of Request: _____

Name of Person Requesting: _____

Contact information: _____

Public record(s) being requested: _____

Date of Request: _____

Signature of Requestor: _____

You will receive a response within 3 business days of the date this form is received by the custodian of records.



To be completed by custodian of records

Estimated cost for document search and duplication: _____

Date of Receipt : _____ Custodian Signature _____

Date of Response: _____ Custodian Signature _____

Mission Statement

The City of Carl Junction will represent our citizens, provide high level services, and plan for the future of our community.