

# OZARKS TECHNICAL COMMUNITY COLLEGE

1001 East Chestnut Expressway, Springfield, MO 65802  
Attention: Custodian of Records

## Request for Public Information

Requestor's Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the record(s) you are requesting. Please be specific as possible and include enough detail to assist staff in locating the record(s). For multiple records, attach additional pages.

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Please specify the delivery date, desired, preferred method of receiving the requested record(s), and whether you require the records to be certified.

I would like to receive the requested records no later than: \_\_\_\_\_  
(Date)

I would like to have the record(s) certified.

I prefer to receive the record(s)  
 By postal mail at the mailing address above  
 By e-mail at the e-mail address above  
 In person

By signing below I certify that the information above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Requesting Individual

\_\_\_\_\_  
Date

### FOR OTCC STAFF USE ONLY

**Estimate**  
An estimate of \$ \_\_\_\_\_  
(Amount)  
was provided on \_\_\_\_\_  
(Date)  
by \_\_\_\_\_  
(OTCC Staff)

**Request Status**  
 Authorization to proceed \_\_\_\_\_  
(Date)  
 Request withdrawn \_\_\_\_\_  
(Date)  
 Info provided and request completed \_\_\_\_\_  
(Date)  
 Info not provided-law excludes information requested  
 Other \_\_\_\_\_

**Payment Status**  
Amount received \$ \_\_\_\_\_  
 Cash  Check \_\_\_\_\_  
(number)  
 Other \_\_\_\_\_  
(Detail)

\_\_\_\_\_  
Signature of Records Custodian