

# OZARKS TECHNICAL COMMUNITY COLLEGE

1001 East Chestnut Expressway, Springfield, MO 65802

Attention: Custodian of Records

CustodianofRecords@otc.edu

## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 OTC 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Request withdrawn \_\_\_\_\_  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