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Today's date: _____ Party Names: _____

Case Number: _____ Type of Case: _____

Date of Report: _____

Reason for Request: _____

Description of Records Requested (be specific as possible):

NECESSARY TO RESPOND TO YOUR REQUEST:

We will be unable to process your request without contact information to provide a response and/or cost estimate within 3 business days.

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Requestor's Signature: _____ Date: _____

*As Victim and/or representative of person(s) involved with case, I do not object to records being released.

FEES:

Under Section 610.026 RSMo., we are able to collect fees to recover the cost and labor to complete a request. All fees are due before a request will be completed. A money order must be presented for the total amount, and it is to be made payable to the Wright County Prosecuting Attorney. Fees to be calculated upon request and itemized prior fulling the request.

Fees may be adjusted annually.

Cost Estimate: _____

PLEASE INDICATE THE FORMAT DESIRED FOR YOUR RECORD COPIES:

Paper/Hard Copy

CD

Official Use Only:

EMPLOYEE INITIALS:

DATE:

[] Unable to comply with request. See Memo.

[] Sent response with cost estimate

[] Payment received.

[] Advised request is completed and ready to be picked up.

[] Documents picked up.
