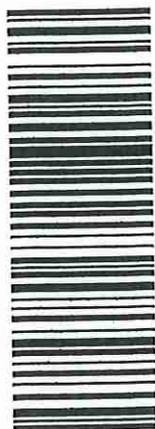


CITY OF AURORA

2 West Pleasant Street
P.O. Box 30
Aurora, MO 65605

2.28
3.5
3.2.15

CERTIFIED MAIL



7020 1290 0000 3512 0316



quadjent
CORRECTION
IMI
\$007.33⁹
02/24/2022 ZIP 65605
043M31217542

US POSTAGE

Jonathan A Hunt
20512 Farm Road 2012
Crane MO 65633



NIXIE 641 DE 1 0003/18/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 65605003030 *2560-66671-25-47

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee
\$ 3.15

EXTRA Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.00

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$.53

Total Postage and Fees \$ 1.33

Sent To

Jonathan A Hunt
Street and Apt. No., or P.O. Box No.
20512 Farm Road 2012

City, State ZIP+4®
Crane MO 65633



7020 1290 0000 3512 0316

City of Aurora, Missouri

This is a request for public records under the Missouri Sunshine Law, Chapter 610, revised Statutes of Missouri.

Name: Jonathan Hunt

Address: _____

Phone: _____

Signature: [Signature] Date: 3/3/2022

Records to have copied: Please provide specific description of record(s) to have copied; include record titles and dates, as well as the names of the city agencies or departments which produced or hold the record(s)

Requested Record	Number of copies requested
1. <u>Dangerous + Unsafe Structure Letter</u>	<u>1</u>
2. <u>Certified Mailing ticket</u>	<u>1</u>
3. _____	_____
4. _____	_____
5. _____	_____

Charges: A charge for providing copies of public records is authorized by state law and has been established by the city governing body. These charges are to compensate the city for the actual costs incurred in honoring your request.

The charge to you for preparation and copy(s) of the record(s) that you request is \$ _____.

Time of Request: Date 3/3/22 Time 2:30 pm Time Provided: Date 3/3/22 Time 2:30 pm

Staff Time Involved: _____ Hours & _____ Minutes
Copy Charge: \$ _____ Additional Expense: \$ No charge
Total Charge: \$ _____ Paid _____ Receipt # _____

Carrie Howlett
City Employee & Title

417-229-0191