Form to Request Attorney General Opinions

Information about reque	estor:
Name:	
Address:	
Phone:	
Date Request Made:	
Official capacity of requ	uestor (See Section 27.040, RSMo):
(Note: Make certain th	e phrasing of the question is complete and clearly
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(Note: Make certain th	upon which I request your legal opinion is as follows phrasing of the question is complete and clearly a question will be considered for an official opinion
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A complete statement of the FACTS giving rise to this question is as follows: (Note: If all facts are not furnished which this office needs to respond to this question, it may be rejected as an incomplete request which this office cannot answer.)
List each and every governmental entity involved in this request:
Which of the entities listed in response to Question 5 have attorneys paid with public funds? For each entity listed, attach a copy of the written legal opinion of each such attorney on the question involved herein. (Note for prosecuting attorneys: Also attach a copy of your legal opinion giving Missouri statutes, significant Missouri appellate decisions and your conclusions drawn therefrom.)

Is any litigation pending involving the issues raised in your opinion request?	Yes or No (circle one)			
If the answer to Question 8 is "yes" list the name of case, court in whi pending and docket number of case:				
Name of case:				
Court where pending:				