



# Public Records

City of Des Moines

21630 11<sup>th</sup> Ave. So., Suite A

Des Moines, WA 98198

Attn: City Clerk

206-870-6519

## REQUEST FOR ACCESS TO PUBLIC RECORDS

The following information is to be filled out by the person requesting records.

Date of Request:

Requestor's Name:

Address:

City:

State:

Zip:

Phone:

If this is an emergency request, indicate the date desired and please describe the nature of the emergency:

Date Desired:

Describe Emergency:

*TGEQTFUTGS WGLUGF* <(Please state the title and date of the record(s) being requested)

Please describe any additional information that will help us locate the records for you as quickly as possible:

**Requestor's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For City Use Only

Staff Person who Received the Request: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Total Charge: \_\_\_\_\_

Staff person who provided the records: \_\_\_\_\_

Date: \_\_\_\_\_ Client Name Receiving Records: \_\_\_\_\_