



# REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Des Moines Municipal Code Chapter 1.20

NAME \_\_\_\_\_ Date \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

## RECORDS REQUESTED:

TITLE OF RECORDS \_\_\_\_\_

DATE OF RECORD \_\_\_\_\_

(Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.) **It is very important that you be as specific as possible, including EXACT address and what you are looking for; i.e., types of permits, plans, etc.** The more specific you can be the better it will facilitate the prompt retrieval of any possible records.

**I certify that the records or information obtained will not be used for any commercial purpose.**

\_\_\_\_\_  
(Signature Required)

-----FOR DEPARTMENT USE ONLY-----

DEPARTMENT	DIVISION
PERSON RECEIVING REQUEST & DATE	PR0 _____

DEPARTMENT ACTION:

- Release Requested Record
- Referred to City Clerk/City Attorney; may be exempt under code.

Total Charges: \$ \_\_\_\_\_