City of Des Moines
21630 11th Avenue South, 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:

Records Requested: (Please state the title and date of the records(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: Cost per Copy: Total Charge: **$0.00**

Staff person who provided the records:

Client Name receiving records: Date: