



# REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Des Moines Municipal Code Chapter 1.20

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

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.)

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	

**DEPARTMENT ACTION:**

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

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