



City of Washington, Missouri

Request for Inspection/Copy of Public Record(s)

Response and/or fulfillment by the City of Washington of this request will occur within seventy-two (72) hours from the time requested.

Date & Time of Request: _____

Record(s) Requested: _____

For inspection only: Yes No

Copy of Record: Yes No

If yes, number of copies to be provided: _____

PLEASE NOTE: *Payment for copies must be made prior to copying.*

NAME: _____ Phone: _____

ADDRESS: _____ Email: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

Office Use Only

Date Received: _____ Person Accepting Request: _____

Request Received: Mail Walk-In E-mail Fax:

Fees: No Charge \$ _____ Fee Receipt No. _____

Date Record Provided: _____

Place, Time and Date Record Available for Inspection: _____

Explanation for Cause for Delay, if applicable: _____

If request is to be denied, date request forwarded to City Clerk for denial: _____

Date request received for written statement of grounds for denial: _____

City of Washington
 Attn: City Clerk
 405 Jefferson Street
 Washington, Missouri 63090
 636-390-1000 Fax: 636-239-8945