



City of Webb City * PO Box 30 * 1060 N. Madison St. * Webb City, Missouri 6487

Office of Public Works 417-673-6297 Fax - 417-673-6294

REQUEST FOR PUBLIC RECORDS FORM

Date of Request _____ Time of Request _____

Name of Person making Request _____

Where Person making Request can be Located _____

RECORD(S) REQUEST

Building Permit(s) Inspection(s) Other: _____

Permit Number(s) or Address(es) of Record(s) _____

I would like the information: Mailed Faxed Emailed

Address/Fax Number _____

Signature of Person making Request _____

To be completed by City Clerk/Public Works Clerk

Estimated cost for document search and duplication: \$ _____