

City of Needles  
**DOCUMENT REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please Select a DATE in which you are inquiring *(if applicable)*

Please Select Document TYPE for request

Please give FULL description of your request

*Under state law the City of Needles needs to respond to the request of documents within 10 business days. With that we need to have some contact information. Please fill out the request form and it will be delivered to the City Clerk's Office for your request to be filled. The Keeper of Official Records is the City Clerk's Office, they will forward to other departments as needed.*

*If you don't hear back on your request please contact the City Clerk's Department at (760) 326-2113 x 145 or email: [djones@cityofneedles.com](mailto:djones@cityofneedles.com)*