



Date: _____
Received by: _____
Title: _____
Date Completed: _____
<input type="checkbox"/> Examined
<input type="checkbox"/> Picked Up
<input type="checkbox"/> Emailed to: _____

Requestor's Signature _____
Time _____ Date _____

Request for Public Records

Public records are accessible at all times during city business hours and may be examined at no charge. Copies may be provided in most instances upon request. If more than three (3) working days are needed to locate or retrieve the records, you will be notified and the information will be provided within ten (10) working days of your request. All document duplication fees are due and payable in full and are based on the City's current fee resolution.

Date of Request: _____ / _____ / _____

Name: _____

Mailing Address: _____
Street # City State Zip

Phone _____ E-mail address _____

Pursuant to Idaho Code § 74-102, I hereby request:

- To examine the records listed below.
- To receive a copy of the records listed below in Electronic format or Printed format.

Records requested (including date/date range, if applicable)

(If needed attach additional pages)

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone number list as set forth in Idaho Code § 74-120.

Signature _____