



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

If fees are required, you will be notified, and fees will be due and payable in full prior to processing your request.

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 \_\_\_\_\_

P.O. Box 115, 699 Lakeshore Ave., Dover, ID 83825 - Phone: 208-265-8339  
<https://cityofdover.id.gov> - [cityclerk@cityofdoveridaho.org](mailto:cityclerk@cityofdoveridaho.org)