



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 _____

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