For Official Use Only

PRR # _____

(Example 2026-001)

Date: _____

Received by: _____

Title: _____

Date Completed: _____

( ) Examined ( ) Picked Up ( ) Emailed to:

_____

_____

City Staff 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 ( ) Pick up only ( )

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 _____ Date _____

P.O. Box 115, 699 Lakeshore Ave., Dover, ID 83825 - Phone: 208-265-8339
https://cityofdover.id.gov - cityclerk@cityofdoveridaho.org

Upon Request- Resolution 123 Public Records Fees

Public Records Request Policy