



## PUBLIC RECORDS INFORMATION REQUEST

*Idaho Code § 74-101 thru 126 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public records MUST BE MADE IN WRITING. Please complete this form. All copies made are subject to a copying cost that may be required prior to receipt of records. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.*

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

INFORMATION REQUESTED (PLEASE BE SPECIFIC):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- These records specifically pertain to myself.
- I wish merely to examine these records.
- I wish copies of these records be made.

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any manner or form, the records, documents, or lists (hereinafter "Data") obtained from the City of Cascade as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY	
Date Received	
Date Completed	
Completed By:	
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