

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:		_	
Requesto	or's Name:		
Mailing A	ddress:		
Telephone:		-ax Number:	
	ddress (Optional):		
INFORMA	ATION 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.		
manner o	enalty of perjury, I hereby certify that I will not be using or form, the records, documents, or lists (hereinafter as a mailing or telephone number list for any purpose ecordance with Idaho Code 9-348.	"Data") obtained from	the City of
SIGNATU	RE	DATE	
		FOR OFFICE USE ONL	Y
		Date Received	
		Date Completed	
		Completed By: Page Count:	