



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** _____

E-Mail Address _____

INFORMATION REQUESTD (Please be specific)

	Office Use Only
	Date Received _____
	Date Completed _____
	Completed by _____
	Page Count _____

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

Under pendalty 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.

_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Date</i>