

REQUEST TO EXAMINE PUBLIC RECORDS

Date: _____

In order to best serve the public and to as expeditiously as possible process your request for public records, all requests to examine public records **MUST BE MADE IN WRITING**. Please help us in this process by filling out this form completely. Be sure to print your name, address, and telephone number so that we may respond to this request.

Pursuant to Idaho Code 9-338, I request to examine and/or copy the following public records:

- I wish to examine these records I wish to have copies of these records

Printed Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

- I wish to pick up these records when they are ready.
 I wish to have these records mailed to me when they are ready.
 I wish to have these records faxed to me at _____
Local numbers only

Signature: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code 9-348.

We will respond to this request within **three** (3) business days. If the material requested is not available within three business days, we will notify you, in writing, per Idaho Code 9-339, that said records will be provided no later than **ten** (10) business days following the date of the request. FAX: (208) 265-4378.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Received by: _____ Date: _____ Time: _____

No record(s) found Denied Date mailed/released/faxed: _____

Number of copies provided: _____ Total cost of this request: \$ _____