



## Public Records Request Form

I request:  to examine  to copy  to receive an electronic copy of the following records:

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\_\_\_\_\_  
\*Name (Please Print)

\_\_\_\_\_  
\*Mailing Address

\_\_\_\_\_  
\*Email Address

\_\_\_\_\_  
\*Phone Number

\_\_\_\_\_  
Date of Request

\*Required as per Idaho Code 74-102 (4)

Received by: \_\_\_\_\_

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

Public Agency: \_\_\_\_\_

**We will respond to this request within three (3) working days. However, we reserve the right to take an additional seven (7) working days to provide the request.**

Payment received for \_\_\_\_\_ copies:

\_\_\_\_\_  
Amount Received

\_\_\_\_\_  
Received by