

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Name: _____

Phone: _____

Address: _____

Email: _____

To: Records Custodian

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public records:

These records specifically pertain to myself.

I wish to merely examine these records.

I wish copies of these records.

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 § 74-102.

Signature: _____

Date: _____