



**REQUEST TO EXAMINE/COPY
PUBLIC RECORDS**

DATE: _____

NAME OF REQUESTOR: _____

DATE OF REQUEST: _____

I hereby request, pursuant to Idaho Code § 9-338, to examine and/or copy the following public records, or request the following information:

- These records specially pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

There will be a charge of 25 cents for more than 100 copies. A request for copying over 100 pages or for supervision of examination of records for more than 2 hours may require pre-payment of additional fees.

Printed Name: _____

Mailing Address: _____

Telephone Number: _____

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.