

REQUEST FOR EXAMINE/COPY PUBLIC RECORDS

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.

Signature

Name (Please Print)

Date of Request

Mailing Address:

Zip

Daytime Phone Number

(for office use only)

Received by

Date Received

IDAHO COUNTY
[Public Agency]

Charge for _____ copies @ .25 per copy after 100 pages (excluding recorded documents)

Charge for copies of tapes @\$5.00 per tape

Charge for staff time _____ hours @ _____ per hour = \$ _____

Total Amount Due \$ _____