

CITY OF MOUNTAIN HOME
PUBLIC RECORDS REQUEST

REQUESTOR INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I hereby request, pursuant to the Idaho Public Records Act, to examine or to obtain copies of the following public records (as defined in Idaho Code 74-101(13):

(List here the specific public records requested. Be as specific as possible.)

1. _____

2. _____

3. _____

4. _____

5. _____

(attach an additional sheet if necessary)

I wish to: (check one or both) _____ examine the records _____ obtain copies of the records. (in-person examination may be required depending on the scope of request or volume of records)

I certify that the information obtained in this records request will not be used for a mailing or telephone list as described in Idaho Code 74-120(1)(a) and (b).

Signature of requestor

Date

Below lines for personnel processing request:

Date Received _____ Received by: _____

Response: _____ By: _____ Date: _____