

CITY OF PRIEST RIVER
P.O. Box 415
552 High Street Priest River, ID 83856
(208) 448-2123
Fax (208) 448-2232



REQUEST TO EXAMINE/COPY PUBLIC RECORDS

DATE: _____

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 to obtain copies of these records

Print Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

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 § 74-120.

Signature: _____

***** FOR OFFICE USE ONLY *****

DATE RECEIVED: _____ RECEIVED BY: _____ RESPONSE DUE: _____

EXTENSION NEEDED: YES NO ---- EXTENDED RESPONSE DUE: _____

DATE RECORDS PROVIDED: _____ BY: _____ VIA: MAIL EMAIL IN-PERSON