

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.

I hereby attest that:

- ☐ I AM a resident of the State of Idaho, or I AM employed by a resident of the State of Idaho, as defined by Idaho Code § 74-101.
☐ I AM NOT a resident of the State of Idaho, and I AM NOT employed by a resident of the State of Idaho as defined by Idaho Code § 74-101.

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