

CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street
Priest River, Idaho 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.

Printed Name: _____

Mailing Address: _____

Phone 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 § 74-120.