

CITY OF KOOTENAI
PUBLIC RECORDS REQUEST

Date of Request: _____

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number (optional): _____

*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 § 9-348**.*

Signature

Print Name

- These records specifically pertain to myself.
- I wish to merely examine these records.
- I am requesting copies of these records.

I hereby request, pursuant to **Idaho Code § 9-338**, to examine and/or copy the following public records:

Records Received Date: _____ Received By: _____

City Employee Processing Request: _____

Date Completed: _____ Fees Due: _____ Collected: _____

I.C. 9-339(1) - If more than three (3) working days are needed to process this request, the requestor shall be notified, with the documents or written response within ten (10) working days.