



REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records Custodian

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 copies of these records.

Print 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.

Please submit the completed form by emailing to aalbertson@cfid.id.gov