



3192 Perry Avenue | P.O.Box 57-Tetonia, ID | Ph: 208-456-2249 | www.tetoniaidaho.com

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Date of Request: _____

Name of Requesting Party: _____

Physical Address: _____

Mailing Address: _____

Daytime Telephone Number: _____

E-mail Address: _____

I hereby request, pursuant to Idaho Code 74, to examine and/or to copy the following public records:

- These records specifically pertain to me.
- I wish to merely examine these records.
- I wish copies of these records. A pre-paid fee may apply.

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 Section 74-120

Please allow us ten (10) working days to complete your request. A pre-paid fee may be required based on the size of your records request and the time to obtain the requested data. Your request is

Approved \$ _____ Fee Denied _____

Request Received: _____ City Official: _____