REQUEST TO EXAMINE/COPY
PUBLIC RECORDS

TO: CITY CLERK

DATE: _____

I hereby request, pursuant to Idaho Code §74-102, to examine and/or copy the following public records:

_____

_____

_____

_____

☐ These records pertain specifically to myself.

☐ I wish to merely examine these records.

☐ I wish copies of these records.
- ☐ Please mail records to me (mailing address below).
- ☐ Please call, and I will pick up records (phone # below).
- ☐ You may email records to me (email address below).

Print Name: _____

Mailing Address: _____

_____

_____

Telephone Number: _____

Email Address: _____

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.

Submit completed form to: City Clerk
City of Sandpoint
1123 Lake St.
Sandpoint, ID 83864