



5629 E SELTICE WAY POST FALLS, ID 83854

T: (208) 765-3717 F: (208) 765-0493

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 me.

_____ I wish to merely examine these records.

_____ I wish copies of these records.

_____ Provided electronically by email

_____ Provided in paper format

A charge of 5¢ per black and white page or 10¢ per color page shall be charge for (1) each copy to exceed 100 pages; (2) two person hours is exceeded for labor or supervision of examination. Review Idaho Code Title 74-101 to 74-126 and Post Falls Highway District Resolution 2015-04 for all stipulations.

Print Name: _____

Mailing Address: _____

Telephone #: () _____

Email: _____

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.

Signature