



# PUBLIC RECORDS REQUEST FORM

STATE OF IDAHO  
CITY OF JULIAETTA

Office: (208) 276-7791  
Fax: (208) 276-4773

PO Box 229  
Juliaetta, Idaho 83535

## REQUESTING PARTY

Name		Phone	
Email Address			
<b>Mailing Address</b>			
Street Address	City	State	Zip Code

## REQUEST DETAILS

### Date Range

Start Date	End Date
------------	----------

**Keywords** *(Specify any keywords to include in the request search. Separate keywords with commas.)*

----------

**Additional Details** *(Please be very specific as to the information you are seeking.)*

--

## ACKNOWLEDGEMENT

Public records requests that require over 2 hours of labor to complete may incur an additional charge. Pursuant to Idaho Code 67-910(a), there will be a fee of twenty-five cents (25¢) per page for a copy *(both paper AND electronic formats)* of any law, resolution, record or other document or paper on file in the office of the Secretary of State.

Signature:		Date:	
Printed Name:		Phone:	
Street Address	City	State	Zip Code

**Electronic Signature** *(If signing electronically you must complete this acknowledgement)*

I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624, Idaho Code.

**CITY USE ONLY:**     APPROVED     DENIED

Approval/Denial Comments:	

Signature:	Date:
------------	-------