

City of Driggs
Request to Examine / Copy Public Records

Date of Request: _____

Name of Requesting Party: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number: _____ **Fax Number:** _____

Email: _____

I hereby request, pursuant to Idaho Code Title 9, Chapter 3, 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.

Signature: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone lists and will be follow the regulations as set forth in Idaho Code Title 74 Chapter 1.



Please allow us ten working days to complete your request.

This request was received by the city official on the _____ day of _____ 20____. Said request is hereby:

- Approved
- Denied: _____

City Official