



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