



City of Ponderay
PO Box 500
Ponderay, ID 83852
(208) 265-5468 Fax (208) 265-4357

REQUEST FOR PUBLIC RECORDS INFORMATION

DATE: _____

(Print Name:) _____

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____

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

- These records specifically pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

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 § 74-102.

Signature: _____

For Office Use Only

The above requested information was provided.

Date completed: _____ By: _____

Fee Collected: _____ Receipt# _____