



**CITY OF EMMETT
PUBLIC RECORDS INFORMATION REQUEST FORM**

501 E Main St. Emmett, ID 83617

Office: 208-365-6050

Fax: 208-365-3064

Name: _____

Address: _____

Telephone No: _____ Fax No (optional): _____

E-mail Address: _____

Date of Request: _____

INFORMATION REQUESTED (PLEASE BE SPECIFIC):

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents, or lists (hereinafter "Data") obtained from the City of Emmett as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 74-103.

Signature

City Employee Processing Request: _____

Date Completed: _____ Fees Collected: _____

Record Request exceeding 100 pages of copies or exceeding 2 hours of labor will be charged per fee schedule

I.C.74-103 - If more than three (3) working days are needed to process this request, the requestor shall be notified, with the documents or response following within ten (10) days.