

**REQUEST TO EXAMINE/COPY
PUBLIC RECORDS**

TO: CITY CLERK

DATE: _____

I hereby request, pursuant to Idaho Code § 9-338, to examine and/or copy the following public records:

These records specifically pertaining to myself.

I wish to merely examine these records.

I wish copies of these records.

Print Name: _____

Mailing Address: _____

Telephone Number: _____

Signature: _____

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 § 9-348.

Submit completed form to: City Clerk
City of Sandpoint
1123 Lake St.
Sandpoint, ID 83864