

Request To Examine / Copy Public Records

35 North 1st East
Rexburg, ID 83440

customerservices@rexburg.org
www.rexburg.org

Phone: 208.359.3020
Fax: 208.359.3022



CITY OF
REXBURG
America's Family Community

Date of Request: _____

Name of Requesting Party: _____

Address: _____

Telephone Number: _____ Fax Number: _____

To: _____ Date: _____
(Government Entity)

I hereby request, pursuant to Idaho Code Section 74-101 through 74-126, 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.

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 Section 74-102.

Please allow ten working days to complete your request.

This request has been reviewed by the city attorney on the ___ day of _____, 2015. Said request is hereby:

- Your request has been approved.
- Your request has been denied.
- It has been determined that additional time is required. Said records shall be available on _____.

City Attorney

Request filled by: _____ Date: _____

Emailed Faxed Mailed Printed Copy