

CITY OF LEWISTON PUBLIC RECORDS REQUEST FORM

CITY USE ONLY

Receiving Employee: _____ Date Request Submitted: _____
Charge for Materials: \$ _____ Charge for Labor: \$ _____ Sales Tax: \$ _____ **TOTAL: \$** _____
Request Number: _____

REQUESTER

(Please print)

Name: _____

Mailing Address: _____
City State Zip Code

Phone Number: _____ Email: _____

Description of Request: _____

Requested Method of Delivery: Email
 Fax: _____
 Mail
 Call for Pick-up
 On-site Inspection

***Records are given as of the time the request is submitted. We will respond to this request pursuant to applicable law, but usually within three (3) business days. Business days are Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.**

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, or for discovery purposes, as set forth in Idaho Code § 74-115.

Signature: _____ Date: _____

Approved for Release by City Clerk Date: _____

OR

Forwarded to City Attorney's Office Date: _____ Initials: _____

CITY ATTORNEY'S OFFICE USE

Reviewed By: _____

Date Request Reviewed: _____

Date Returned to City Clerk: _____

Notes: _____

