



PUBLIC RECORDS REQUEST FORM

STATE OF IDAHO CITY OF POTLATCH

Office: (208) 875-0708
Fax: (208) 875-0130

PO Box 525
Potlatch, Idaho 83855

REQUESTING PARTY

Name		Phone	
Email Address			
Mailing Address			
Street Address	City	State	Zip Code

REQUEST DETAILS

Date Range

Start Date	End Date
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I hereby request, pursuant to Idaho Code 74-102 to examine and or copy the following public records:

Additional Details (Please be **very specific** as to the information you are seeking.)

ACKNOWLEDGEMENT

Public records requests that require over 2 hours of labor to complete may incur an additional charge. Pursuant to Idaho Code 67-910(a), there will be a fee of twenty-five cents (25¢) per page for a copy (*both paper AND electronic formats*) of any law, resolution, record or other document or paper on file in the office of the Secretary of State.

Signature:		Date:	
Printed Name:		Phone:	
Street Address	City	State	Zip Code

☐ I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624, Idaho Code.

CITY USE ONLY: ☐ APPROVED ☐ DENIED

Approval/Denial Comments:

Signature:	Date:
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