

City of Montpelier Idaho

Idaho Public Records Law; Title 74 IC



PUBLIC RECORDS REQUEST

Requestor: <i>please print</i>				Date: / /	
Address					
City		State		Zip Code	
Company (if any)			Your Company Case Number:		
Telephone: ()			Email:		

PLEASE DESCRIBE THE RECORD(S) YOU ARE REQUESTING FULLY, USING DATE, LOCATION, NAME(S) WITH DATE OF BIRTH, NATURE OF THE INCIDENT, ETC.

Name in Record:	<input type="checkbox"/> self		Date of Birth:	/ /
Type of Record				
Date of Occurrence	/ /	Location		
Specific Details:				

I request to: be provided with a copy the record by self-pickup mail email fax () -
Copies made are subject to a copying cost which may be required prior to receiving the record(s)

examine the record at City Hall

Signature of Requestor _____

Montpelier City Use Only

Request received by: _____
 Records Custodian review: ___/___/___

Date and Time: ___/___/___ _____ hours
 RELEASE EXTENSION PARTIAL DENIAL _____