CITY OF McCAMMON

PUBLIC RECORDS REQUEST

100 Center Str. McCammon Idaho
Phone: 208-254-3200 Fax: 208-254-3844
Email: McCammonCity@gmail.com

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Specifically describe the subject matter and records sought, including a specific date range. I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public records:

_____

_____

_____

[ ] These records specifically pertain to myself. [ ] I am requesting electronic copies of these records.

[ ] I am requesting physical copies of these records. [ ] I wish to merely examine these records.

If applicable fees are assessed pursuant to Idaho Code § 74-102 and City Code 2.20.020, the City may require payment in advance before copies or records are provided. I acknowledge and agree 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 § 74-102.

_____

Print Name

_____ _____

Signature Date of Request

……..

City Use Only

Request Received: _____ *Received By:* _____ *Processed By:* _____

Date Completed: _____ *Fees Due:* _____ *Collected:* _____

Idaho Code § 74-103: The city will grant or deny the request within three (3) days. If more than three (3) days are needed the city will notify the requestor in writing. The city will provide the records in no more than ten (10) days.