



City of Blackfoot
157 N Broadway
Blackfoot, ID 83221
Phone: 208-785-8600
Fax: 208-785-8602

Public Records Request Form

Date of Request: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone number list as set forth in Idaho Code 9-348.

Signature

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the following public records:

.....

Date Received: _____ Received By: _____

Date Completed: _____ Completed By: _____

Fees Collected & Receipt #: _____

I.C. 9-339(1) – If more than three (3) working days are needed to process this request, the requestor shall be notified, with the documents or written response within ten (10) working days.