



**CITY OF RUPERT
PUBLIC REQUEST INFORMATION REQUEST FORM**

IN ACCORDANCE WITH IDAHO CODE 9-348, NO AGENCY OR INDEPENDENT PUBLIC BODY CORPORATE AND POLITIC MAY DISTRIBUTE OR SELL FOR USE AS A MAILING LIST OR A TELEPHONE NUMBER LIST ANY LIST OF PERSONS WITHOUT FIRST SECURING THE PERMISSION OF THOSE ON THE LIST. IN ORDER TO BEST SERVE THE PUBLIC AND TO AS EXPEDITIOUSLY AS POSSIBLE PROCESS YOUR REQUEST FOR PUBLIC RECORD, ALL REQUESTS TO EXAMINE OR COPY PUBLIC RECORDS **MUST BE MADE IN WRITING**. PLEASE HELP US IN THIS PROCESS BY FILLING OUT THIS FORM COMPLETELY. BE SURE TO PRINT YOUR NAME, ADDRESS AND TELEPHONE NUMBER SO THAT WE MAY RESPOND TO THIS REQUEST.

I REQUEST TO: _____ EXAMINE _____ COPY _____
ALL COPIES MADE ARE SUBJECT TO A COPYING COST WHICH MAY BE REQUIRED PRIOR TO RECEIPT OF RECORD (S).

_____ INVESTIGATE REPORT FILED WITH _____ DEPARTMENT UNDER (DESCRIBE BY DATE/TIME/INCIDENT)

_____ PHOTOGRAPHS (COPYING COST DEPENDENT UPON SIZE AND QUANTITY REQUESTED.)

_____ TAPES, VIDEOS, AND MANUALS (COPYING COST DEPENDENT UPON SIZE, QUALITY AND ACTUAL COST TO REPRODUCE).

_____ OTHER: (DESCRIBE FULLY SO THAT WE CAN LOCATE THE RECORD MORE QUICKLY. USE RELEVANT DATES, LOCATION, NAMES OR DATE OF BIRTH, OR INCIDENT, ETC. TO HELP DESCRIBE WHAT YOU ARE REQUESTING).

Notice: Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available pursuant to Idaho Code Title 9, Chapter 3. Additional records from other sources may present a more accurate representation of a given situation.

Name of requesting person: _____
Address: _____
City/State/Zip Code _____

(The Custodian of the record will mail the response to the address given above.)
We will respond to this request within three (3) business days. Business days are Monday-Thursday 7:00 AM to 6:00 PM. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

City Employee Processing Request _____

Date completed _____ Fees collected & Receipt # _____