CITY OF COEUR D'ALENE
PUBLIC RECORDS REQUEST

I, _____, request to **examine** ☐ **copy** ☐ the following records:
Date(s) of records requested: _____
Records requested: _____
_____
_____
_____
(If more space is needed, attach additional pages)

I would like copies of records provided in the following form: printed ☐ electronically, if available ☐

Date of Request: _____/_____/_____

Phone (____)_____-_____ e-mail address: _____

Mailing Address: _____
Street # City State Zip

Under penalty of law, I hereby certify that I will not use, nor will I allow to be used in any form or manner, the information received as a mailing or telephone number list for the purposes such as soliciting, etc. I further certify such records requested will be used for information only and will not be sold or distributed in any manner that is unlawful. (I.C. 9-348)

Signature: _____

For Office Use Only

Received by:_____ Date:_____ Tracking #: _____

____ Per Page Charge x _____ Pages Copied = Total Copying Cost: _____
Less Free Pages: -100
Copying Cost Due: _____

____ Staff Time Spent x _____ Hourly Rate = Total Staff Cost: _____
Less Free Time: - 2 Hrs
Staff Costs Due: _____

____Attorney Time Spent x _____ Hourly Rate= Total Attn Time: _____
Less Remain. Free Time: _____
Total Attn Costs Due: _____
Total Amount Due: _____

Amount Received: _____ Date Paid: _____ Received by: _____