## CITY OF COEUR D'ALENE PUBLIC RECORDS REQUEST

l,	, request to <b>examine</b>	( ), <b>copy</b> ( ) the	e following recor	ds:
Date(s) of records requested:				
Records requested:				
(If more space is needed, attach add	ditional pages)			
I would like copies of records available ( )	provided in the followi	ng form: printe	d ( ), electronical	ly, if
available ( )				
Date of Request:/				
Phone ()	e-mail address:			
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Mailing Address:				
		City	State	Zip
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such as soliciting, etc. I further and will not be sold or distributions.	uted in any manner tha	at is unlawful. (I		mation only
	For Office Use	: Onlv		
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Received by:	Date:_		Tracking #:	
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Per Page Charge	x Pages Copied	Less Free		-100
			ing Cost Due:	
Staff Time Spent x _	Hourly Rate = Tota	al Staff Cost:	Free Time:	 - 2 Hrs
			Costs Due:	
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			Attn Costs Due:	
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Amount Received:	Date Paid:		Received by:	
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