

**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: \_\_\_\_\_

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***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:* \_\_\_\_\_