CITY OF KIMBERLY, STATE OF IDAHO

PUBLIC RECORDS REQUEST

The City of Kimberly endeavors to comply with all requirements of the law. We may not have an immediate answer and on occasion, there may be a cost. Costs are incurred for such things as clerical time in excess of two hours or for more than one hundred (100) copied pages. Under some circumstances, we may simply provide the opportunity to copy the information.

Date of Request: _____

Name: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

( ) These records specifically pertain to myself.
( ) I wish to merely examine these records.
( ) I am requesting copies of these records.

I request, pursuant to Idaho Code **§ 9-338**, to examine and/or copy the following public records:
Type of Report:_____

Date of Report:_____

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

_____ _____
Signature Print Name

Taken by_____

City Employee Processing Request: _____

Date Completed: _____ Fees Due: _____ Collected: ___
With the exception of the Police Department, if more than three working days are needed to locate or retrieve the requested records, a response shall be provided within ten (10) working days of the request.
Records Received Date: _____ Received By: _____