



CITY OF MIDDLETON

6 NORTH DEWEY AVENUE, MIDDLETON, ID 83644
208-585-3133, 208-585-9601 FAX
WWW.MIDDLETONIDAHO.US

Requestor Name: _____

Mailing Address (Street/P.O.Box/City/Zip): _____

Phone: _____

Email address: _____

{ } *These records specifically pertain to myself.*

{ } *I wish to examine these records. (All records must be examined in the presence of the City Clerk or his/her designee.)*

{ } *I request copies of these records.*

Name of record / detailed description of record:

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.

I.C. § 9-339(1) – If more than three (3) working days are needed to process this request, the requestor shall be notified in writing.

Date

Requestor Signature

FOR OFFICE USE ONLY

City Personnel Processing Request: _____

Copy Fees Due: _____

Date Completed/Paid: _____, 20____.

Notes: _____

Picked Up By: _____ Date: _____

Res. 334.13 Copy Fees: +100 pages - black and white (8" x 11" or 11" x 14") \$0.10/ page; color \$0.50/ page; CD \$1.00/ disc; Transcripts actual cost plus 10%; staff research/redaction staff hourly rate per Idaho Code