



PUBLIC RECORDS REQUEST FORM

1. Please fill out this form
2. Submit completed form: **(choose one)** 1) Email to citmid@middletoncity.com 2) In Person at City Hall 3) Mail to City Hall
3. A response will be provided by the City within 3 business days regarding your request.

Requester Name: _____

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

Phone: _____

Email address: _____

I wish these records to be emailed to me.

I wish to examine these records. (All records must be examined in the presence of the City Clerk or designee)

I request copies of these records.

Name of record / detailed description of record being requested:

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 §74-101 – 74-126.

I.C. § 74-101 – 74-126 - If more than three (3) working days are needed to process this request, the requestor shall be notified in writing.

Date

Requester Signature

FOR OFFICE USE ONLY

City Personnel Processing Request: _____

Date Completed/Paid: _____, 20____.

Notes: _____

Copy Fees paid (if more than 100 pages printed or thumb drive requested): _____

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; Thumb drive \$2.00/driver; Transcripts actual cost plus 10%; staff research/redaction staff hourly rate per Idaho Code.