

**REQUEST TO EXAMINE/COPY  
PUBLIC RECORDS**

**TO: MINIDOKA COUNTY**                      **DATE:** \_\_\_\_\_

**NAME OF DEPT.:** \_\_\_\_\_

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the following public records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** ( ) \_\_\_\_\_

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

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