



## Public Records Request

Please complete this form for *each* public records request. You will be advised as to whether or not we have records subject to the release with 10 calendar days of receipt of the request.

Please submit completed form with signature and required documentation to:  
Attn: City Clerk (20482 N Main, Carey, Idaho 83320 or to [cityclerk@cityofcarey.org](mailto:cityclerk@cityofcarey.org)).

Application Fee: first 100 pages/2 hours = no charge

Over 100 pages = \$.05/per page \_\_\_\_\_ + \$28/per hour \_\_\_\_\_

Official Use Only

Total Application Fee: \_\_\_\_\_  Check  Credit Card

Name or Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby request, pursuant to Idaho Code §74-102, to examine and/or copy the following public records:

\_\_\_\_\_

- These records specifically pertain to me.
- I wish to merely examine these records.
- I wish copies of these records.

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 §74-102

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant