



**CITY OF IDAHO FALLS  
PUBLIC RECORDS REQUEST**

Please return this completed form to the City Clerk’s Office, 308 Constitution Way, Idaho Falls, ID 83402  
or by email to [ifclerk@idahofallsidaho.gov](mailto:ifclerk@idahofallsidaho.gov) or by fax to (208)612-8560

All requests to copy or examine public records must be made in writing. Please help us in this process by filling out this form completely. Please PRINT your name, address and telephone number. Please use dates of the incident, meeting, decision, event, etc., to help describe what you are requesting. Records supplied may not be used for a mailing list or telephone list per Idaho Code § 74-120.

**REQUESTOR’S INFORMATION:**

Name of Requesting Person: \_\_\_\_\_

Address of Requesting Person: \_\_\_\_\_

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

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

Daytime Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**REQUESTED DOCUMENTS:** (describe and include date of record(s) or best estimate)

**Please note – advance payment of a fee may be required when it is estimated that more than two (2) hours of labor or more than one hundred (100) copies of 8½”X11” paper records will be required to respond to the request.**

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

The City will respond to your request pursuant to applicable law [usually within three (3) business days]. The birth month and day for people whose names appear in the records have been removed pursuant to Idaho Code §§ 74-105, 74-124(1)(c), and/or 74-124(2), and 74-101(6) because production of this information would constitute an unwarranted invasion of personal privacy and could facilitate identity theft. You have the right to appeal the denial of any part of your request by petitioning the Seventh Judicial District Court of Idaho within 180 calendar days of this response pursuant to Idaho Code Title 74, Chapter 1.

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY-----

<b>Date/Time Received by Clerk/City:</b>     
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City Attorney Reviewed: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Denial Letter: \_\_\_\_\_  
10-Day Letter: \_\_\_\_\_  
No Records Found: \_\_\_\_\_  
Date Emailed/Mailed/Released: \_\_\_\_\_  
Number of Pages Released/Cost: \_\_\_\_\_