

CITY OF NEW PLYMOUTH
301 N. PLYMOUTH AVE.
NEW PLYMOUTH, IDAHO 83655

REQUEST FOR PUBLIC RECORDS

Name: _____

Daytime Phone: _____

Address: _____

Fax Number: _____

_____ I request permission to examine the following records:

_____ I request copies of the following records:

Please be as specific as possible: _____

All records must be examined in the presence of the City Clerk or her designee. The cost of copies is \$0.05 per page, plus tax, and current postage rate if mailing is required.

The money from the copies is donated to the Library.

Outgoing faxes - \$3 up to three pages; \$1 per page after 3 pages.

A minimum of three (3) working days are required to locate or retrieve requested records.

A response shall be provided within ten (10) working days of the request.

Signature

Date of Request

Signature of Receipt

Date Received

FOR OFFICE USE ONLY

Date Received _____

Received by _____

Payment \$ _____

Date Paid _____