

Date of Request: _____

Date Request Received: _____

CITY OF LEWISVILLE PUBLIC RECORD REQUEST FORM

Information will be provided within three (3) business days of the date of the request unless the City otherwise informs the applicant pursuant to Idaho law. Payment is due prior to receiving documents.

Name of Person Requesting Records: _____

Address: _____

Telephone: _____ e-mail: _____

Description of Records Requested (include date of record or best estimate): _____

I agree to pay the copy cost, including mailing if appropriate. There is no charge for 1 to 100 pages and 10¢ per page thereafter for 8½ x 11 sheets (or as otherwise established by Resolution). As provided by Idaho law, labor costs may be charged for any request requiring more than two (2) hours of staff time. Postage is charged at cost.

Signature of Person requesting Records

Approval of Records Release:

Department Records custodian: _____

City Clerk: _____ City Attorney: _____

I acknowledge receipt of \$ _____ from the above individual as payment for the cost of the document(s).

Records Custodian

Date of Payment