



Boundary County Library

Request for Examine/Copy Public Records

To: Boundary County Library

Date: _____

In order to best serve the public, and as expeditiously as possible, to process you request for public records, all requests to examine or copy public records MUST BE MADE IN WRITING. Please help us in this process by filling out this form completely. Be sure to print your name, address and telephone number so we may respond to this request.

Request and results are subject to be posted online.

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.

Received by (Initials): _____ Date _____