

POCATELLO/CHUBBUCK  
SCHOOL DISTRICT NO. 25

REQUEST FOR PUBLIC RECORDS

I request *{Please check which one applies.}* to [ ] examine or [ ] copy the following records:

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

Will the records requested be used as a mailing or telephone number list?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Per Idaho Code)

Mailing Address:

Name (Please Print) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date of Request \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Date Received by Public

Agency: \_\_\_\_\_

Received by: \_\_\_\_\_

*Custodian of Documents- Please place your initials in box if following statement is applicable:  
More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of this request.*

Payment received for \_\_\_\_\_ copies: \$ \_\_\_\_\_  
Amount Received Receipt No.

Copies picked up by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Copies mailed by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.