



Butte County

205 W. Grand Ave. – P.O. Box 737
Arco, Idaho 83213

REQUEST TO EXAMINE/COPY PUBLIC REQUEST

Please Print

Date of Request: _____

First Name: _____ MI: _____ Last: _____

ADDRESS: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (_____) _____

To: Record Custodians:

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public records:

- These records specifically pertain to myself; or,
- I wish to merely examine these record(s) or,
- I wish copies of these record(s).

PLEASE PROVIDE A CLEAR DESCRIPTION OF THE RECORD(S) SOUGHT:

Signature: _____

Date: _____

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 § 74-102.