

REQUEST TO EXAMINE/COPY
PUBLIC RECORDS

TO TWIN FALLS COUNTY

DATE _____

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.