

POCATELLO/CHUBBUCK  
SCHOOL DISTRICT NO. 25

REQUEST FOR PUBLIC RECORDS

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

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Will the records requested be used as a mailing or telephone number list?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Per Idaho Code)

Mailing Address:

<hr/> <hr/> <hr/> <hr/> <hr/>
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\_\_\_\_\_  
Signed

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

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

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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 \_\_\_\_\_.