City of Idaho Falls
City Clerk's Office
Public Records Access/Research Request

Print Form

Name: _____ Time: _____ Date _____

Address: _____ Department: _____

_____ Phone Number: _____

Documents Requested: _____

_____

_____

_____

This information is not to be used for commercial use or for telephone solicitation.

Requestor's Signature: _____

Results/Findings: _____

_____

_____

_____

Verbal Response: _____ Documents Copied: _____ Written Report: _____ Date _____

Number of Pages: _____ Cost of Copies: _____ Time Required to Complete Report: _____

Staff Providing Information: _____