



Public Records Request

Right to Examine Public Documents
City Clerk's Office - City of Ashton
714 Main Street, P.O. Box 689
Ashton, Idaho 83420
(208) 652-3987
FAX: (208) 652-3401

Name: _____ Phone: _____

Address: _____

I hereby request; pursuant to Idaho Code 9-338, to examine and/or copy the following public records:

I wish merely to examine these records.

I wish copies of these records to be made.

_____ Mail to: _____
(Additional charge for copies and mailing costs)

_____ Fax to: _____

_____ E-mail to: _____

_____ I will plan to pick up the material at City Hall located at 714 Main St.
(Additional charge for copies)

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any manner or form, the records, documents or lists (hereinafter "Data") obtained from the City of Ashton as a mailing or telephone list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

Signature _____ Date _____

For Office Use Only

Date received: _____ City Employee Processing Request: _____

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 the request. []
(Initial if applicable)

Payment received for _____ copies. Amount: \$ _____

Receipt # _____