



GARFIELD BAY WATER & SEWER DISTRICT

PO Box 27 Ponderay Idaho 83852

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records Custodian

DATE: _____

I hereby request, pursuant to Idaho Code § 74-102, 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.

Print Name: _____

Mailing Address: _____

Telephone No. () _____

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 § 74-102.