

**City of Wendell**  
**Request to Examine / Copy Public Records**

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

Date Received by person making request \_\_\_\_\_

Information will be provided within **three (3) business days** of the date of request unless the **City of Wendell** otherwise informs the applicant pursuant to Idaho Law. Payment is due prior to receiving documents

**To the City of Wendell:**

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

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- These records specifically pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

Print 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.