

**Request to Examine/Copy
Public Records**

TO: Southwest District Health

DATE: _____

I hereby request, pursuant to Idaho Code Section 74-102, to examine and/or copy the following public records: (The Health Department has three (3) work days upon receipt of a written request to either grant or deny the request.)

- These records pertain to me.
- I wish only to examine these records.
- I wish a copy of these records and I understand there will be a charge for each copy in excess of 100 pages unless I clearly demonstrate that I do not have the ability to pay for such copies.

Printed Name: _____

Mailing Address: _____

Telephone Number: _____

Signature: _____
I acknowledge by my signature that the records being sought by this request will not be used for a mailing or telephone list as set forth in the Idaho Code Section 74-120.