

REQUEST TO EXAMINE/COPY PUBLIC RECORD(S)



For Police records, please fill out the Moscow Police Department Public Records Request Form found here: <https://www.ci.moscow.id.us/DocumentCenter/View/789/MPD-Public-Record-Request-PDF>

The City of Moscow complies with the Idaho Public Records Act (Idaho Code Title 74, Chapter 1) regarding appropriate time limitations for public records requests. By law, information gained through this request cannot be used for the purpose of compiling a mailing list or telephone list without obtaining permissions from each individual.

REQUESTER'S INFORMATION (please print):

Full Name _____ Date of Request _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email Address _____ Phone Number _____

REQUESTED DOCUMENTS (Please be as specific as possible with dates, property addresses, and details regarding the information you wish to receive).

PLEASE NOTE: Advance payment of a fee may be required when it is estimated that more than two (2) hours of labor or more than one hundred (100) copies of paper records will be necessary in completing the request.

- I would like to personally examine these records. The City will call with appointment options when records have been compiled and are ready for review.
- I would like copies of records provided to me in electronic form, if available.
- I would like copies of records provided to me in printed form.

I acknowledge, with my signature below, that the records sought by this request will be utilized only for purposes allowed by law and noted above. Further, I agree to pay any associated fees as noted above, including mailing if appropriate.

Signature _____ Date _____

Return completed form to City Clerk, City of Moscow, PO Box 9203, Moscow ID 83843 or clerk@ci.moscow.id.us. If you have questions, please call the City Clerk at 208-883-7015.

<i>FOR OFFICE USE ONLY</i>	No Records Found Letter: <input type="checkbox"/> Date sent: _____
Date Received by Clerk/City:	Denial Letter: <input type="checkbox"/> Date sent: _____
	10-Day Letter: <input type="checkbox"/> Date sent: _____
Received by: _____	City Attorney Reviewed (signature): _____
	City Clerk/Deputy Reviewed (signature): _____
	Date Released: _____ Email: <input type="checkbox"/> Mail: <input type="checkbox"/> Pick up: <input type="checkbox"/>
	# of Pages: _____ Fee total (see attached invoice for details): _____