RECORDS REQUEST FORM

Date			
In order to best serve the public and all requests to examine public record			
Name of parties, Case Number and (Cases can be researched at court			
Pursuant to <u>Idaho Code 9-338</u> , I requ	uest to examine and/or cop	by the following public records:	
[] Files prior to Oct. 1, 2018, require	an additional Research Fee	\$20.00 nonrefundable, payable	upon request
[] These records specifically pertai	in to me. ID may be require	ed	
Name of parties:			
Case No.:			
Documents:			
[] I request Copies of these record [] I request the document(s) be C [] I request Audio Recording of sp	ertified, \$2.00 per documer	t	
Printed Name			_
Mailing Address			
City, State, Zip Code			_
Telephone			
Email			
Signature			
I further agree that I will not use the Code 9-348. I understand that the information re is not available within the three bus will be provided no later than ten (equested may take up to th iness days, we will notify you	ree (3) business days. If the mate in writing, Idaho Code 9-339, the	erial requested
DO NOT	WRITE BELOW THIS LINE - FO	R OFFICIAL USE ONLY	
Received by	Date	Time	
Number of copies provided		_Total cost	
[] No record(s) found [] Denied	Date Mailed/Released/Fa	ked	
Franklin County Court 39 West O	neida, Preston, ID 83263 1 2	08.852.0877 Fax 208.852.2926	