

**Eastern Idaho Public Health District  
Environmental Health Section**

**REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS**

I, \_\_\_\_\_, residing at  
Name  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Address City State Zip

( \_\_\_\_\_ ) - \_\_\_\_\_, request to view the following documents  
Phone

for the reasons stated below, and agree to pay copy fees determined by the agency as summed below:

DOCUMENTS TO VIEW

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR SEARCH

\_\_\_\_\_  
\_\_\_\_\_

**IDAHO STATE LAW PROHIBITS USE OF DISCLOSED INFORMATION AS A MAILING LIST. Violations are subject to Civil Penalties of up to \$1000 (I.C. 9-348).**

Idaho State Code exempts certain documents from public disclosure. If the public records you are seeking to examine or copy are exempt from disclosure, you will be notified.

\_\_\_\_\_  
Signature of Requestor (required)

\_\_\_\_\_  
Date

(below for office use only)

Total # of copies made \_\_\_\_\_

Total Copy Fee \$ \_\_\_\_\_

\_\_\_\_\_  
Agency custodian/observer

\_\_\_\_\_  
Date

1250 Hollipark Drive, Idaho Falls, ID 83401, Phone 208.523.5382 - FAX  
208.528.0857

Web site: [www.idaho.gov/phd7](http://www.idaho.gov/phd7)