CITY OF KUNA
PUBLIC RECORDS INFORMATION REQUEST FORM

City of Kuna • 763 W. Avalon, Kuna, ID 83634 • P.O. Box 13 208-922-5546 • fax 208-922-5989

Date: _____

Name: _____
First Name Last Name

Address: _____
Street City State Zip Code

Phone: (__) ____ -_____ Fax: (__)____ -_____
Please provide your Daytime Phone Number

Public Records Request: (Please be specific)

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Pursuant to I.C.§ 9-338, Public Records – right to examine, I.C.§ 9-348, Prohibition on distribution or sale of mailing or telephone number lists

_____
Signature

Note: If more than three (3) working days are needed to process this request, the requestor shall be notified, with the documents or response following within ten (10) days.

STAFF USE ONLY

_____ ____/____/____ ____/____/____ ____/____/____
Request Completed By Date Completed Date Requestor Contacted Date Request Picked Up

Notification By Mail Phone In Person Fees: # pages _____ X $.10 = $_____