



REQUEST FOR PUBLIC RECORDS

- I request either to (please to indicate) examine ____, or have copies ____ of the following public records:

Name: _____

Address: _____

Signature: _____

Phone No.: _____

Date of Request: _____

Date Request Received: _____ Date Completed: _____

Information Provided By: _____

Cost: \$ _____

Payment Received: \$ _____ Date Received: _____

Email Request From to: tonyb@ignitecda.org
Mail Request Form to: Ignite cda Executive Director
105 N. 1st Street, Suite 100
Coeur d'Alene, ID 83814