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**CITY OF KETCHUM
PUBLIC RECORDS REQUEST FORM**

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Date of Request: _____

Description of information requested (Please be specific: _____

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents or lists obtained from the City of Ketchum as a mailing or telephone number list for any purpose, including but not limited to, soliciting, market research, etc., in accordance with Idaho Code §74.103(1).

Signature

City Employee(s) Processing Request: _____

Date Completed: _____ Fees Collected & Receipt #: _____

Notes regarding request: _____

Note: City of Ketchum Resolution #17-011 established a copying fee schedule for public records requests. Payment of the applicable charges shall be made prior to the commencement of research or copying based upon the City Clerk's estimated cost for meeting the public records request, unless prior arrangements have been made.

Pursuant to the Idaho Public Records Act (Idaho Code §74-103), the City of Ketchum has three (3) working days to fill this request. However, 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.