



REQUEST FOR PUBLIC RECORDS

Request date: _____ Request format: Mail Email Fax Hand Delivery

Name of Requestor: _____

Mailing Address: _____

Daytime Phone Number: _____ Email Address: _____

Pursuant to Idaho Code, Section §74-102, I request:

- To physically examine the following record(s)
- A photocopy of the following record(s)
- A certified copy of the following record(s)
- An electronic copy of the following record(s)

Description of Record(s) Requested:

Please print or type and attach additional text, as needed.

PLEASE BE ADVISED that the Meridian Library District has adopted a fee schedule for Public Record Requests. Pursuant to Idaho Code, Section §74-102, you may be assessed fees for (1) copying in excess of 100 pages, (2) Library staff time in excess of two person hours, (3) deletions or redactions requiring attorney advice and (4) cost of electronic storage device. The Library will advise you of any anticipated fees. You may be required to pay these fees in advance.

Idaho Code Section §74-120 provides that no list of persons prepared by the District may be used as a mailing or telephone number list without first securing the permission of those on the list. By my signature I hereby acknowledge that the use of these records will comply with Idaho Code Section §74-120.

Signature: _____ Date: _____

Submit form to: 1326 West Cherry Lane
Meridian, Idaho 83642

Fax: (208) 884-0745
Email: director@mld.org

Phone: (208) 888-4451