



Blaine County Assessor's Office Information Request

TO: RECORDS CUSTODIAN

DATE _____

I hereby request, pursuant to Idaho Code §74-102, to examine and/or copy the following public records:

Name _____

Mailing Address _____

Telephone Number _____

Email Address _____

Delivery Method (Print or email) _____

Signature _____

Please attach a signed information waiver when submitting an information request.

For Internal Use	
Date Received _____	_____ X _____ = \$ _____
Date Completed _____	# Pages > 100 \$/Copy
Completed By _____	_____ X _____ = \$ _____
Total Pages _____	# Hours > 2 Rate/Hour
Total Hours _____	Total \$ _____
The first 100 pages and 2 hours are free. There is no charge to examine.	B/W \$.05 Color \$.07 Large \$2.25/sf
	Hourly Rate of Person Completing \$ _____