City of American Falls

I request to: Examine [   ]
                Copy   [   ] the following record(s):

_____

_____

_____

_____

_____

_____

Mailing address:
Name (Please print) _____

Address: _____   Date of request
                                                    _____
_____   Daytime Phone Number

_____

Signature_____
****

_____

                                                    Received by: _____

Date Received _____

                                                    _____
                                                    [Designated Custodian]

Date Completed _____

                                                    _____
                                                    [Designated Custodian]

Information provided by: _____

Payment received for _____ copy(s) _____
                                        Amount**

Payment received for labor in the amount of _____

(**Cost of labor will be charged if overtime is, or will be incurred. The estimated labor costs must be paid in advance.)

Date paid: _____ Receipt # _____