

CITY OF LEWISTON
PUBLIC RECORDS REQUEST

Name of person/organization requesting information: _____

Date

Address: _____ Daytime Phone: _____

- Will pick up Wish to have mailed Electronic e-mail Media provided by requestor
 Bid Request RFD request

Description of documents or information requested: _____

Signature

Date

INFORMATION TO REQUESTOR

The City may charge for producing document if the request exceeds 100 pages or labor exceeds 2 person hours.

STAFF USE ONLY BOX

Date request received

Where/who received request

Staff member assigned to respond to request: _____

Charge for copies: \$_____ pages at \$_____ per page Labor: \$_____ Tax: \$_____

TOTAL: \$_____

Date Delivered: _____

Staff signature: _____ Print name: _____

Approved by: _____ Department Manager

Approved by: _____ City Attorney

Lewiston City Clerk
P.O. Box 617
1134 "F" Street
Lewiston, ID 83501

Phone: 208-746-3671, ext.6203
Facsimile: 208-746-1907
kravencroft@cityoflewiston.org