

Date of Request: _____

Date Request Received: _____

**MOSCOW URBAN RENEWAL AGENCY
PUBLIC RECORD REQUEST FORM**

Information will be provided within three (3) business days of the date of the request unless the Moscow Urban Renewal Agency otherwise informs the applicant pursuant to Idaho law. Payment is due prior to receiving documents.

Name of Person Requesting Records: _____

Address: _____

Telephone: _____ e-mail: _____

Description of Records Requested (include date of record or best estimate): _____

I agree to pay the copy cost, including mailing if appropriate. Current cost is \$0.10 per page for 8½ x 11 sheets or as otherwise established by the resolution.

Signature of Person requesting Records

Approval of Records Release:

Records custodian: _____

URA
Clerk: _____

Attorney: _____

I acknowledge receipt of \$ _____ from the above individual as payment for the cost of the document(s).

Records Custodian

Date of Payment