## **Kuna Jt. School District #3**

Date of Request

## **Request for Public Records or Information**

	I request to examine the following records:		
	I request to copy the following records:		
			The man
Mailing Ac	ddress:		
Name (please pri	nt)		
Address			
City		State	Zip
Phone	)	/ ( ) Cell Phone	
Date Receiv	ved	Public Agent	
Date Recor	ds Were Delivered	Public Agent	
request to exa examination of records, this p	a Sections §9-338 and §9-339, Idaho Coomine or copy public records within three or copying. If it is determined that a long public agency shall so notify in writing the ublic records to the person no later than the section is the person of	e (3) working days of the date er period of time is needed to ne person requesting to exami	of the receipt of the request for locate or retrieve the public ne or copy the records and shall
*** Kuna S building.	School District will charge \$.05 pe	er page for copies reques	ted to be removed from the
Payment re	ceived for copies	Amount Receive	d
		Receipt Number	