



# City of Gooding

**"Gateway to a Good Life"**

308 5<sup>th</sup> Ave West  
Gooding, ID 83330-1205  
208 934-5669 Phone  
208 934-5425 Fax

**Incorporated November 21, 1910**

Mayor: Jeff Brekke  
Clerk: Hollye Lierman

**City Council**

Michael 'Mitch' Arkoosh  
Chuck Cram  
Jerry Pierce  
Jan Shepherd

## Request for Public Records

Public records are accessible at all times during regular business hours and may be examined at no charge. Copies may be provided in most instances upon request. If more than three (3) working days are needed to locate or retrieve the records, you will be notified and the information will be provided within ten (10) working days of your request. All document duplication fees are due and payable in full and are based on the City's current fee resolution.

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pursuant to Idaho Code § 74-102, I hereby request:

\_\_\_\_\_ To examine the records listed below

\_\_\_\_\_ To receive a copy of the records listed below in ( ) Electronic format or ( ) Printed format.

Records requested (including date/date range, if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, attach additional pages)

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone number list as set forth in Idaho Code § 74-120.

Signature \_\_\_\_\_

**For Official Use Only**

Date: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Picked Up: \_\_\_\_\_  
Emailed: \_\_\_\_\_  
Completed By: \_\_\_\_\_