



PUBLIC RECORDS REQUEST FORM

**ASSESSOR'S OFFICE
ONEIDA COUNTY
10 Court Street
Phone: (208) 766-4116**

Note: Idaho Code § 74-113, 115 & 120 permit Oneida County to verify requestor's identity for the purpose of: Protecting personal information in compliance with state and federal law, and to ensure this information is NOT for purposes such as mailing/solicitation list or to supplant a discovery procedure.

Date: _____

Full Name: _____

Address: _____

Phone: _____

Email: _____

Records Requested (please be as detailed/specific as possible):

Description:

Requestor's Signature: _____

Per Idaho code §31-3201 a fee for copies will be applied.

*RETURN REQUESTS TO: ASSESSOR'S OFFICE, 10 COURT STREET, MALAD, ID 83252
katkinson@oneidaid.us or jolsen@oneidaid.us*