

City of Oakley
150 S Center – P.O. Box 266
Oakley, ID 83346 (208) 862-3313

Public Record Request

Requestor Information

Requestor Name _____

Requestor's Identification (please check if any)

☐ Driver's License

☐ State Identification Card

☐ Passport

☐ Other: _____

(Note: identification is not required, but providing identification may allow you to receive more information)

Address:

Date of Birth: _____ Driver's license number: _____

Email: _____ Phone #: _____

Preferred method of delivery (please check)

☐ E-mail

☐ U.S postal mail

☐ Fax

☐ In-person pick-up

☐ Other

(Note: We cannot always guarantee a certain method of delivery, depending on quantity and type of records requested. Email is Generally the quickest and most cost-effective method.)

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Records Requested

Please be specific about the records that you are requesting. The more specific your request is, the better the city can respond, and less likely that fees will be required to process your request

The information provided above regarding myself is correct, and I will not use the requested information for purposes of a mailing or telephone list

Date: _____ Signature: _____