



CITY OF OAKLEY

200 W. Main - P.O. Box 266
Oakley, ID 83546 Phone (208) 862-3313

REQUESTOR INFORMATION

Requestor's name:	
Requestor's identification provided (please check if any): <input type="checkbox"/> Driver's license <input type="checkbox"/> State identification card <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____	Preferred method of delivery (please check): <input type="checkbox"/> E-mail <input type="checkbox"/> U.S. postal mail <input type="checkbox"/> Fax <input type="checkbox"/> In-person pick-up <input type="checkbox"/> Other: _____
<i>(Note: Identification is not required, but providing identification may allow you to receive more information)</i>	<i>(Note: We cannot always guarantee a certain method of delivery, depending on quantity and type of records requested. Please also refer to fee schedule in the notice section of this form. Email is generally the quickest and most cost-effective method.)</i>
Street:	City/State/Zip:
Date of birth:	Driver license number:
Email:	
Phone number:	Fax number:
Requestor's signature: <i>The information provided above regarding myself is correct, and I will not use the requested information for purposes of a mailing or telephone list.</i>	Today's date:

RECORDS REQUESTED

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

Description of requested information:
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