



EAGLE

SEWER
DISTRICT

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**EAGLE SEWER DISTRICT
PUBLIC RECORDS INFORMATION REQUEST FORM**

Name: _____

Address: _____

Telephone: _____ Fax Number (optional): _____

E-Mail address: _____

Date of Request: _____

INFORMATION REQUESTED (PLEASE BE SPECIFIC):

I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents, or lists obtained from the Eagle Sewer District as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code §9-348.

Signature: _____

ESD Employee Processing Request: _____ Date Completed: _____

Idaho Code 9-339(1): If more than three (3) working days are needed to process this request, the requestor shall be notified, with the documents or response following within ten (10) days.