

**MIDDLETON RURAL FIRE DISTRICT
PUBLIC RECORDS REQUEST FORM**

[This is a 4-page form]

STEP NO. 1 REQUESTER COMPLETES THIS PAGE AND FILES REQUEST:

Idaho Code § 74-102 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public records **MUST BE MADE IN WRITING**. Please complete this form. All copies made are subject to a copying cost that may be required prior to receipt of records. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

PLEASE TYPE OR PRINT LEGIBLY

Name of Requester: _____ Date of Request: _____

Company (if applicable): _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

I Request to Receive the Response to My Public Records Request in the Following Format:
(**CHECK ONE**) ☐ Mail ☐ Phone ☐ E-mail ☐ Fax

Description of the Public Records Requested:

NOTICE TO REQUESTER - Exemptions from Fees

No fee for labor and/or copying shall be charged in the event the requester demonstrates that the requester's examination and/or copying of public records:

- Is likely to contribute significantly to the public's understanding of the operations or activities of the government; and
- Is not primarily in the individual interest of the requester including, but not limited to, the requester's interest in litigation in which the requester is or may become a party; and,
- Would not otherwise occur because the requester has insufficient financial resources to pay such fees.

☐ I am not claiming an exemption.

☐ I am claiming an exemption based upon the following:

*[Set out your factual basis, addressing all three above stated requirements,
demonstrating a basis for the claim of exemption and attach to Public Records Request.]*

Signed: _____
Requester

Date: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE (Page 2 thru 3)

Routing and Response

STEP NO. 2: COMPLETED BY CUSTODIAN OF THE FIRE DISTRICT RECORDS

☐ Preliminary Determination Action:

NOTE: Initial only where applicable to request. If not applicable, leave blank and proceed to Step No. 3.

<input type="checkbox"/> For in state requests: Response will take up to ten (10) days to locate and retrieve the public records requested.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> For out of state requests: Response will take up to twenty one (21) days to locate and retrieve the public records requested.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Request may be denied or subject to redaction and will require review by the District's Attorney.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax Attorney Notified for review: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Request is broad in scope and/or is likely to include voluminous materials or involve more than two (2) hours of labor; information provided to requester to narrow scope of request.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Requester(s) has/have made multiple requests. Notice provided to requester(s) that requests have been aggregated and appropriate fees will be charged.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Advance payment of fees required. [Advance fees to be credited to the Fire District's general fund. If advance payment exceeds the fees charged, the difference shall be returned to the requester.]	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax

NOTE: Custodian of the Records Completes Request, As Appropriate.
(Granted-A- or Denied-B)

Complete Statement of Fees (When Charged):		
# pages copied: _____	x .10 cents per page =	\$
# hours worked: _____	x \$15 if request exceeds one-hundred (100) pages or two (2) person hours =	\$
# records certified: _____	x \$1 per record =	\$
Attorney hours: _____ [if redaction is required]	x \$150 per hour =	\$
Total Cost		\$

[illegible]