

**STAR FIRE PROTECTION DISTRICT  
PUBLIC RECORDS REQUEST FORM**

*[This is a 4-page form, REQUESTER FILLS OUT PAGE 1 ONLY AND RETURNS]*

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

**Request must be filed** at the Star Fire Protection District Fire Station No. 1 Address: 11665 W State Street, Suite B, Star ID 83669 on regular business days (excluding legal holidays) between the hours of 8:00 a.m. and 5:00 p.m. by delivering the original to the District.

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

Detailed 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; or
- 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; or,
- 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 factual basis for claim of exemption and attach to Public Records Request.]*

Signed: \_\_\_\_\_  
Requester

Date: \_\_\_\_\_