Policy No. 3 - Public Records Requests, part 1

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records Custodian

DATE: _____

I hereby request, pursuant to Idaho Code § 9-338, to examine and/or copy the following public records:

_____

_____

_____

- ☐ These records specifically pertain to myself.
- ☐ I wish to merely examine these records.
- ☐ I wish copies of these records for my legal counsel or other representative.

Print Name: _____

Mailing Address: _____

_____

Telephone No. _____

Email Address: _____

Signature _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 9-348.

We will respond to this request within **three (3)** business days. If the material requested is not available within the three business days, we will notify you in writing, Idaho Code 9-339, that said records will be provided no later than **ten (10)** business days following the date of request.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Received by: _____ Date: _____ Time: _____
[ ] No record(s) found [ ] Denied [ ] Date Mailed/Released/Faxed _____
Number of copies provided: _____ Total cost for this request $_____