

RESPONSE TO REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

DATE: _____

NAME OF REQUESTOR: _____

DATE OF REQUEST: _____

1. Your request has been approved. See attached documents or please contact the undersigned to arrange a time to examine the records. *(This may be a partial approval. See items 2 or 3 regarding records not located or deemed exempt.)*

_____ Copies provided

\$ _____ Total cost

2. It has been determined that additional time is required to locate or retrieve the records you have requested. Said records shall be available on _____, or further information will be provided regarding your request. *(No longer than 10 days from request.)*

3. Your request has been denied as the following records are exempt from public disclosure for the stated reason.

Idaho Code Section

_____	_____
_____	_____
_____	_____

4. The attorney for the entity has reviewed your request and this response.

NOTICE: PURSUANT TO IDAHO CODE § 74-115 YOU HAVE 180 DAYS TO APPEAL THIS DECISION BY FILING A PETITION IN STATE DISTRICT COURT IN THE COUNTY WHERE ALL OR PART OF THE RECORDS ARE LOCATED

Custodian

Dept. _____ Telephone # _____

_____ County

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records Custodian

DATE: _____

I hereby request, pursuant to Idaho Code § 74-102, 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.

Print Name: _____

Mailing Address: _____

Telephone No. () _____

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 § 74-120.