



REQUEST FOR PUBLIC RECORDS

Request date: _____

Request format: Mail Email Fax

Name of Requestor: _____

Mailing Address: _____

Daytime Phone Number: _____

Fax Number if applicable: _____

Email Address: _____

Pursuant to Idaho Code, Section §74-102, I request:

To physically examine the following record(s)

A photocopy of the following record(s)

An electronic copy of the following record(s)

Description of Record(s) Requested:

Please print or type and attach additional text, as needed.

If a request is made for an item that is not a "Public Record," the Idaho Public Records Act may not be applicable.

Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents disclosable information pursuant to Idaho Code Title 74, Chapter 1.

PLEASE BE ADVISED that pursuant to Idaho Code, Section §74-102, you may be assessed fees for (1) copying in excess of 100 pages, (2) Library staff time in excess of two person hours, (3) deletions or redactions requiring attorney advice and (4) cost of electronic storage device. The Library will advise you of any anticipated fees. You may be required to pay these fees in advance.

Idaho Code Section §74-120 provides that no list of persons prepared by the District may be used as a mailing or telephone number list without first securing the permission of those on the list. By my signature I hereby acknowledge that the use of these records will comply with Idaho Code Section §74-120.

Signature: _____ Date: _____