Requestor: __________________________ Email: __________________________
(Full Name, printed)

Address: __________________________
City State Zip Phone

I acknowledge by my signature that the records sought by this request will not be used for a mailing list
or telephone solicitation list as set forth in Idaho Code 74-120. If copies of records are requested, the cost
will be 10¢ per hard copy/page plus labor costs at hourly staff time and/or attorney fees, [if the request is
for more than one hundred (100) pages of records or the actual cost to retrieve an electronic document(s),
research/labor time exceeds two hours]. Please initial below as to your affirmation of this request:
Estimate will be emailed to you before completion for your authorization and payment arrangements.

[ ] I am requesting copies of these records. I hereby request, pursuant to Idaho Code 74-102 (10),
to examine and/or copy (as noted above) the following public records and agree to cover the associated
costs:

Requestor’s Signature __________________________ Date ______________

I.C 74-103- If more than three (3) working days are needed to process this request, the requestor shall be
notified, with the documents or written response within ten (10) working days.

For Office Use Only:

Date request received: __________ Processed by: __________________________
□ 10-Day Extension Requested, Documents due by: _______________________
□ Record Request Granted Date Completed Sent to Requester: ________________
□ Record Request Partially Denied. Date Letter Sent to Requester: ______________
□ Record Request Denied. Date Letter Sent to Requester: ________________

Itemized Statement of Fees:
Per page cost for copies $________
Hourly rate of employees $________
Attorney Fees $________
Actual time spent responding to request: __________
Actual Fees $________
Estimated Fees $________
Collected Fees $________ Date Paid: __________ Returned Fees $________

DEVELOPED: 9/8/2014
REVISED: 

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