

# Record Request Form



## Requester's Information

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Record(s) Requested:

*I acknowledge by submitting this form that the records sought by this request will not be used for a mailing list as set forth in Idaho Code Section 74-102.*

## To be completed by district personnel:

Date Request Received by District Office: \_\_\_\_\_

- 10 - Day Extension Requested. Document(s)/items(s) Due: \_\_\_\_\_
- Record Request Granted. Date Mailed to Requester: \_\_\_\_\_
- Record Request partially denied. Date letter mailed to Requester: \_\_\_\_\_
- Record Request denied. Date letter mailed to Requester: \_\_\_\_\_

District personnel comments/notes: \_\_\_\_\_

## Itemized Statement of Fees:

- Per page cost for copies \$ \_\_\_\_\_
- Hourly rate of employees \$ \_\_\_\_\_
- Hourly rate of attorneys \$ \_\_\_\_\_
- Actual time spent responding to request: \$ \_\_\_\_\_
- Estimated Fees \$ \_\_\_\_\_
- Collected Fees \$ \_\_\_\_\_
- Returned Fees \$ \_\_\_\_\_

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